REPORT RESUMES

ED 019 159 RC 001 368

MIGRANT ACTION PROGRAM. ANNUAL REPORT 1966.

BY- SANDAGE, RICHARD (MRS.)

MIGRANT ACTION PROGRAM, MASON CITY, IOWA

PUB DATE 66

EDRS PRICE MF-$0.50 HC-$4.68 115P.

DESCRIPTORS- *ADULT EDICATION PROGRAMS, ATTENDANCE, *DAY CARE SERVICES, EXPENDITURES, LABOR CAMPS, *MEDICAL SERVICES, *MIGRANTS, MIGRANT PROGRAMS, ORGANIZATIONS (GROUPS), POPULATION TRENDS, STATISTICAL DATA, VOLUNTEERS, *SUMMER SCHOOLS, OEO,

THIS REPORT REVIEWS IN DETAIL THE MIGRANT ACTION PROGRAM AS FUNDED BY THE OFFICE OF ECONOMIC OPPORTUNITY IN IOWA. DAY CARE SERVICES, SUMMER SCHOOLS, AND ADULT EDUCATION PROGRAMS WERE OFFERED IN FOUR CENTERS WITHIN A SEVEN COUNTY AREA. A STAFF OF SIX PROVIDED MEDICAL SERVICES IN 29 MIGRANT LABOR CAMPS. A DETAILED ANALYSIS OF THE COMPONENTS IN EACH PROGRAM IS PRESENTED ALONG WITH STATISTICAL DATA ON ATTENDANCE, EXPENDITURES, VOLUNTEER SERVICES, MIGRANT TRAVEL PATTERNS, AND PROGRESS REPORTS. FORMS USED IN THE VARIOUS MIGRANT PROGRAMS ARE ALSO INCLUDED. (JS)

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MIGRANT ACTION PROGRAM

Box 717

MASON CITY, IOWA 50401

Annual Report 1966

MAP

MAP

MIGRANT ACTION PROGRAM

Box 717
MASON CITY, IOWA 50401

September 30, 1966

TO MR..SARGENT SHRIVER, DIRECTOR OF THE OFFICE OF ECONOMIC OPPORTUNITY

The Migrant Action Program is the concern exhibited by a number of small communities in North Iowa and the citizens that reside therein toward the deprivation of spirit, self-respect, education and economic opportunity of the Mexican-American migrant children and adults who live and move in the mainstream of American life, seldom remaining in one spot long enough to enjoy the real fruits of their citizenship.

An attempt has been made by this program to reach out, make available, and correlate the actions and energies of many available agencies and services, bringing to bear on the root of the problem a new attack on a very old social need. Where existing resources are available, we have sought to use them, where none exist pertinent to the need, we have sought to invent new ones, always keeping in mind that there is no single solution to this multi-faceted need--need that demands solution which seeks ultimately to develope confidence and enhance self respect and to present some choices of destiny to the migrant.

This report is a review of this effort. It is presented in humility and in tribute--humility in the face of a need that shouldn't exist and in tribute to a tremendous people--the Mexican-American citizens of the United States.

Respectfully submitted,

MIGRANT ACTION PROGRAM
By:
Mrs. Richard Sandage

Mrs. Richard Sandage
Director

- Day Care
- Summer School
- Adult Education
- Social Activities
- Health Services
- Social Services

Migrant Action Program

Box 717

MASON CITY, IOWA 50401

ANNUAL PROGRESS REPORT

art I - General Data

. Title of Project
Day Care, Summer School, Adult Education, Social Services and Cultural Enrichment for migrant families in the North Iowa Area

2. Grant Number
66-8503 Iowa Cap.

. Project Director
Mrs. Richard E. Sandage

4. Dates Covered by Report
April 25, 1966 -
September 30, 1966

. Grantee Organization - Name Address
Migrant Action Program
Box 717
Mason City, Iowa 50401

6. Number of Centers & Locations
1. Reinbeck, Iowa
2. Rockwell, Iowa
3. Hanlontown, Iowa
4. Thompson, Iowa

. Scope and Type of Services Provided with number of counties from which migrants were served.

	Number of Counties
a. School	6
b. Day Care	6
c. Adult Education	3
d. Health Education	6
e. Medical Care	6
f. Dental Care	6
g. Nursing service	6
h. Sanitation service	9
i. Social	9

8. Population Data - Summary

	Number
a. Total pop. in project area	177,919
b. Total seasonal agric. workers* (residents)	178
c. Total migrants	
(1) Home-base (out)	none
(2) In-migrants - total	616
(a) Intrastate	68
(b) Interstate	548

*Includes local youth employed in fields on a peak day. Turnover is so heavy that accurate count of individuals is not possible. Three growers used approx. 110 youth per day to supplement migrants.

Migrants in Project Area by Month

Month	Total Migrants	In-Migrants	Seasonal Workers
Jan			
Feb			
Mar	60	42	16
Apr	105	87	16
May	412	390	22
Jun	597	574	22
Jul	506	484	22
Aug	506	484	22
Sep	212	201	11
Oct			
Nov.			
Dec.			

10. Age and Sex of Migrants

	Male	Female
a. Total	316	300
b. Under 15	145	130
c. 15-64	166	169
d. 65 and over	5	1

11. Living arrangements during season

	Camps	Farms	Other
Total locations	15	10	9
No. of single workers	8	3	0
No. of families	72	25	10
No. of migrants in families	394	144	67

Recognizing the tremendous burden borne by an entire class of people who nationally average $700 annual income per worker, we offer the following program at 4 State-licensed centers within a a 7 county area.

Day Care: 2,3,4,5 year old.
8:30 to 5:00 or hour designated by parents.
5 day week.
Teacher-child ratio: at least one adult to every 5 children.

Format: Materials and activities planned to meet the young Spanish speaking migrant child's special needs, but within his capabilities so that he finds he can succeed. The teachers are primarily interested in his joy and well-being and he is introduced to new experiences, people, food, etc. without being forced. Oral language development is encouraged, together with such beginning concepts as up,down; in, out; under, on top of, etc. An introduction to more normal early childhood experiences.

Summer School: 6 to 14 year old.
8:30 to 2:30
5 day week

Format: Classroom instruction, individual tutoring, and cultural enrichment for school-age migrant child. The primary aim of our educational program with the children at these age levels is to give them a good number and reading experience, within their capabilities. We are aware that these children have special problems that are not found with disadvantaged children who are a resident part of a community--added to this is a language difficulty. These children need to meet success early and meet it often. We hope to help the children progress to the best of their native ability as far as the time and individual attention of a concerned and dedicated professional teacher can take them.

Completely missing from the background of most of these children are normal early childhood experiences. It is not unusual to find teen-age migrant children with very little previous school experience--unable to read, write, or recognize basic colors. These children are not retarded, they are deprived. Needed is an educational setting, devoid of tensions caused by being compelled to attend class at a normal age-level. This coupled with integrated situations where success is possible, such as cooking, sewing, swimming, sports, etc. Boys are enrolled in industrial arts classes, while girls have Y.W.C.A.memberships. A program of Boy and Girl Scouting is introduced.

Curriculum and materials include:
Reading--McGraw Hill Sullivan Programmed Reading
SRA Reading Laboratory and Pilot Library
Scotts-Foresman Supplemental Materials
Laidlaw--Stories to Remember Series
Benefic Press-Cowboy Sam Series
Other library books

Language-Arts--Ginn Kit A
Scotts-Foresman Rolling Reader
Arithmetic--Steck-Vaughn
Science--My Summer Weekly Reader
Classroom projects, films, field trips, experience charts, etc.
Health--Films, health kits, film strip, etc.
Physical Education

All materials and curriculum are carefully selected to provide some continuity and correlation between the Special Texas 6 month project for migrant children, and the Map program. A special referral form has been worked out by this Corporation to be sent to on-going programs and the Texas Education Agency where follow-up work has been promised. Summer programs, carefully planned, can play a vital role on a retention basis.

All teachers spend one night weekly visiting in the camps with the parents of students, encouraging the families in their understanding of and the need for education. In turn, the staff develops an appreciation for the cultural background of the families and gain insights into the special needs of the students. In order to successfully work with these Mexican-American children, a rapport and working relationship with the family group is a necessity. Lack of such understanding in the past has resulted in low attendance records. Recruitment of students is a special problem which requires special approaches.

Adult Education: Three courses are offered.

Rights and Responsibilities of Citizenship
Co-sponsored jointly with the North Iowa Community College, and the League of Women Voters. For the English-speaking migrant interested in knowing more about such topics as:
- Introduction to Government
- Importance of Education
- Our Flag and Symbols
- Money
- You and an automobile
- Laws and Courts
- Best use of surplus commodities

English Words and Phrases
Help in oral and written language development. Most often used phrases stressed. Pointed toward entrance into more formal adult basic education course offered by North Iowa Area Community College.

Pre-Vocational Training (Furniture Repairing)
For young men and women, already skilled with their hands through years of doing field work, a new skill is taught. Immediate success through completion of at least one project. Students own tools of trade after end of course. Definite possibility of employment.

Enrollment for these courses was good for a first-year program. Some students reported that they left the fields, cleaned-up and came to class without their evening meal in order to attend. Attendance at classes varied, but averaged 40 to 50 per night total.

DOMESTIC AGRICULTURAL MIGRANT SITUATION IN PROJECT AREA

Migrants who come into the area each spring and summer to do the field work necessary to the economy of the beet, vegetable, and nursery industries are generally speaking Spanish-Americans with a home base in Texas. They begin arriving in early spring and many do not leave until late autumn. There are, however, definite peak seasons within the different crop areas as are reflected by the information listed below.

Crop	Start	Peak	Finish
Asparagus	4/25/66	6/15/66	6/30/66
Sugar Beets	6/5/66	7/1/66	9/1/66
Nursery	3/25/66	varies	10/30/66 Est.
Vegetables	5/15/66	8/15/66	10/30/66 Est.

This past summer 614 individual migrant persons registered with the Migrant Action Program by name. These were men, women, and children of various ages.

Of this number 153 were children who enrolled and attended one of our Day Care of Summer School Centers. Generally speaking enrollment and attendance was excellent, although there were a small number of children who did not participate. Generally speaking, this was for one of two reasons. Either the child was expected to do field work, or he was located too far from a Center to be provided transportation.

During the initial development of our migrant health project, it was expected that we would serve approximately 250 persons. The additional numbers came from serving a greatly increased area than was originally planned to be served.

To meet the demand on services that this expansion necessitated, and not diminish the quality or kinds of services to be available meant new avenues of support be sought. Consequently two part-time Public Health Nurses were added to the staff through resources made available through the Office of Economic Opportunity. This report then, will include the statistical information and effort of the combined nursing and health educator staffs.

The enlarged numbers of migrants to be served also meant that additional family health clinics would be necessary. To provide this service in locations convenient to the migrants, we contracted for additional family clinic hours with physicians in these adjacent areas, and were able to increase the number of clinic hour sessions available by decreasing the payment per clinic session. The services of physicians in three additional locations were addeded on a regular basis, while two others agreed to participate on a relief basis. Not all clinics were held weekly; depending on the numbers of migrants in the area and the need. However, there was a weekly clinic held regularly in the original program area to which all migrants were directed. We also contracted with additional Dentists for services, using our approved fee schedule as the basis.

The number of workers available to the area this summer was less than the demand. Many of the growers indicated that they had expected to employ more workers, especially in the beet fields. Migrant work was supplemented by local youth, although in some areas this caused migrants to leave the area sooner than they had expected. Most of the heads of households indicated to the staff that they would like to return to the area next year and specifically attributed this attitude to the availability of the health and school services. One man in particular was provided extremely bad housing, but indicated he would return because of the Migrant Action Program. In his words, "All these things you do for us--the school, you fix my children's teeth--they make up for where we have to live."

Another gentleman told the staff that when he had told his friends in Texas about our program when he had returned last winter no one believed him, and he said, "If you don't believe me, come see for yourself." They did! This grower had plenty of help this year and the migrant felt even more would come next summer.

Number of migrants at the peak of the crop season might be broken down as follows, using the location of the school centers as the basis for area:

Location:		Workers over 21	Workers 15 to 21	Workers Under 14	Non-Workers Adult	Non-Workers Children
	Male	17	20	12	0	17
Reinbeck:	Female	16	11	15	4	7
	Male	25	13	9		
Rockwell:	Female	12	10	6	5	46 Tot.
Hanlontown	Male	29	14	12		
	Female	20	15	7	8	40 Tot.
Thompson:	Male	24	15	6		
	Female	14	9	5	1	37 Tot.

As the above table indicates, there were 336 workers who were located in an area where Day Care and Summer School service was available for the children. It is difficult to determine which of the children were also workers. Some of the children who did attend school would also work in the fields either after school, or would miss school on occasion for that purpose. The above table would reflect very few of these children.

Migrants who were residing outside of the school area have not been tabulated as to workers and non-workers, as it is virtually impossible to make an accurate count of these.

Crops produced in these areas would be as follows:
Reinbeck-----------------Asparagus
Rockwell-----------------Sugar Beets
Nursery
Hanlontown---------------Sugar Beets
Vegetables
Thompson-----------------Sugar Beets
Vegetables

As a part of the administration of this project, as attempt was made to survey the surrounding area to discover where migrants might be located that were as yet unserved by this or other projects. During the course of the summer contact was made with migrant families residing in Charles City, Corwith, and St. Ansgar, Iowa. These families ultimately received some services from the Corporation which are reflected in the appropriate section of this report. We were also made aware of migrant families in the Shennandoah and Onawa, Iowa areas. No contact was made with these families. In total, migrants residing in 34 camps in North Iowa this summer were served by this Corporation. Location of these camps will be noted on the accompanying map.

It must be noted that 1966 was a year that brought unusual hardship to the migrants who were employed in the vegetable fields. A late spring freeze and snow resulted in poor crops and as a result there were many idle days for the workers. In addition the bad weather shortened the entire work season for these people. The problems faced by these people were many and complex. It is necessary therefore to design programs to combat and conquer this multi-faceted problem of the migrant workers and the needs of himself and his family. It required the coordinated efforts of all those commited either professionally or personally to the task of providing services and opportunities to those unable to provide such things for themselves. Without this coordinated effort of many programs, public and private agencies, and individuals themselves, only partial results can be obtained. We have tried to take significant steps to achieve this essential coordination of effort.

NURSING SERVICES IN CAMPS

Staff:

1 full-time Public Health Nurse available through the Migrant Health Project Grant.

2 part-time Public Health Nurses available through the OEO Gr

1 Interpretor - paid

1 Secretary - paid

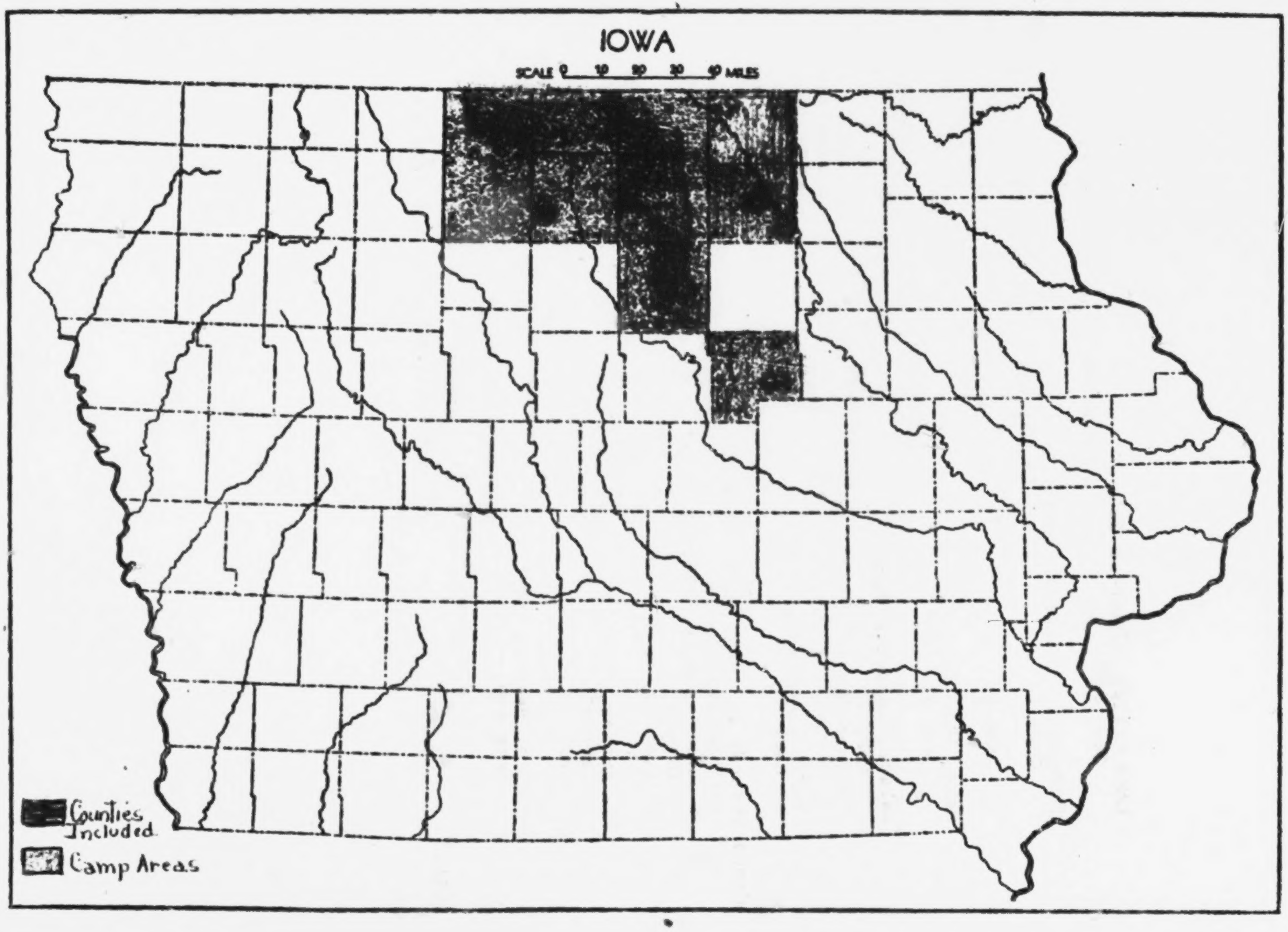
1 Director

Volunteer Services will be discussed under that heading.

CAMPS: 29 Camps

Reinbeck, Grundy County		
Camp #1	63 persons	10 families
Camp #2	36 persons	6 families
Camp #3	18 persons	2 families
Total	117 persons	18 families
Hampton, Franklin County		
Camp #1	12 persons	3 families
Camp #2	32 persons	10 families
Camp #3	9 persons	1 family
Single Dwelling	11 persons	1 family
Single Dwelling	5 persons	1 family
Total	69 persons	16 families
Sheffield, Franklin County		
Camp #1	12 persons	1 family
Camp #2	11 persons	2 families
Camp #3	28 persons	3 families
Mason City, Cerro Gordo County		
Camp #1	11 persons	2 families
Camp #2	3 persons	1 family
Camp #3	7 persons	1 family
Camp #4	3 persons	1 family
Clear Lake, Cerro Gordo County		
Camp #1	52 persons	8 families
Camp #2	5 persons	2 families
Camp #3	21 persons	3 families
Single Dwelling	6 persons	1 family
Manly, Worth County		
Camp #1	9 persons	1 family
Camp #2	33 persons	7 families
Fertile, Worth County		
Camp #1	4 persons	1 family

Lake Mills, Winnebago County		
Camp #1	23 persons	6 families (3 are singles)
Thompson, Winnebago County		
Camp #1	26 persons	10 families (4 are singles)
Camp #2	5 persons	1 family
Rake, Winnebago County		
Camp #1	14 persons	2 families
Lakota, Kessouth County		
Camp #1	10 persons	1 family
Camp #2	12 persons	3 families
Total	22 persons	4 families
Ledyard, Kossouth County		
Camp #1	21 persons	4 families
Camps Visited at least once during project by Sanitarian and other Staff personnel		
Charles City, Floyd County		
Camp #1	11 persons	1 family
Camp #2	36 persons	9 families
	47 persons	10 families
St. Ansgar, Mitchell County		
Camp #1	12 persons	1 family
Camp #2	18 persons	3 families
	30 persons	4 families
Corwith, Hancock County		
Camp #1	38 persons	9 families
TOTALS	616 persons served	118 families


IOWA
SCALE 0 10 20 30 40 MILES
Counties Included
Camp Areas

MIGRANT ACTION PROGRAM

Need For Project

Component #1: Administration

Summer months: To insure all programs are properly run and organized. To provide for evaluation of programs, submission and publishing of reports, recording of inventory, and proper storage of supplies and equipment.

Off-Season: To further develop this program and to expand into other areas with programs of quality and quanity.

Component #2: Day Care Centers

There are no public or private Day Care Centers operating in the area that can provide adequate care for migrant children. The only alternative to such centers as we propose is for the parents to take the children into the fields where they are left in parked automobiles or playing along busy roads and highways.

Component #3: Summer School

1. To provide remedial education, individual tutoring and cultural enrichment for school age migrant children.
2. .To provide a good experience for the migrant child away from the camp and to help control the problem of children working in the fields.

Component #4: Adult Education

To provide opportunities for migrant adults to increase their understanding of and appreciation for the advantages offered by education both for themselves and for their children. Most of these people have little or no formal education. A limited number of females have the ability to converse in the English language. Male members, for the most part, do not read or write. Young adult members do speak fluent English, but have had little formal education. Very little understanding of the importance of practicing good health habits is evidenced.

Component Project 7-2

DAY CARE CENTERS
3 to 5 Year Old

Locations: **Thompson (Winnebago County)**
Serving Lake Mills, Thompson, Rake, Lakota, Ledyard Areas.
Enrolled 7
June 13 thru July 31
Hours 8:30 to 2:30
1 Child under 2 enrolled in Foster Home Day Care Plan.

Hanlontown (Worth County)
Serving Mason City, Manly, Fertile, & Clear Lake areas
Enrolled 12
June 13 thru July 31
Hours 8:30 to 5:00 P.M.
1 Child under 2 enrolled in Foster Home Day Care Plan.

Rockwell (Cerro Gordo & Franklin Counties)
Serving Mason City, Sheffield, and Hampton areas
Enrolled 19
June 13 thru July 31
Hours 8:30 to 2:30

Reinbeck (Grundy County)
Serving Reinbeck area
Enrolled 12
May 2 thru July 1
Hours 8:30 to 5:00
1 Child under 2 enrolled in Foster Home Day Care Plan.

Staff: **7 teachers***
9 aids
*Because of the small enrollment at Thompson and operating hours, only 1 certified teacher was required.
3 aids had duties solely in the kitchen
3 aids had duties solely in the classroom
3 aids had combination duty

All Centers were licensed by the Iowa State Department of Social Welfare and received consultant service, including on-site evaluation, of social worker qualified as a nursery school specialist.

Hot Lunch Program: Meals at the Reinbeck Center were prepared and served by volunteer cooks through the Council of Churches. At the remaining Centers, meals were prepared and served by the aids. All meals exceeded the requirements of governmental regulations for a Type A lunch. Menus were prepared by a nutritionist from the County Home Extension Service. Surplus Commodities were made available by the Iowa State Department of Social Welfare and approval for participation in the Special Milk Program was given by the U.S. Department of Agriculture.

Health Services: All children received physical examinations and such immunizations and vaccinations as were required. The majority of these were given without charge by physicians, while the remaining were given at one of the family health clinics operated by this project with the support of a Public Health Service Grant. For a wider range of medical services available to these children, refer to the annual report of the Migrant Action Program, Migrant Health Project Grant.

FOCUS and NEED

Is it possible to measure and evaluate what these children have gained? The dramatic evidence of achievement was all around us, and yet to tabulate with some mechanical measuring devide and graph the results in some fashion is not yet possible.

Human growth and development take place in many areas--attitudes, interests, appreciations, understanding--and physical, mental, and emotional skills--and at varying rates. We do know, however that when a young child is placed in an atmosphere that is warm with human understanding, and affords him a stimulating variety of media in which to express himself, and the encouragement to try, that growth does take place.

Our Day Care Centers have tried to give such encouragement by providing a broad program of activities, adequate materials and equipment and satisfying relationships. We have focused our personnel, time, and energies to this task.

Our strengths lay in the dedication of the staff, both professional and migrant aid, who successfully tried to relate to each child's individual needs and to view him in his entirety. Much stress was made upon working with the family as a unit and the teachers spent one night weekly making homevisits, counseling with the parents, and encouraging them in their appreciation of and concern for education. The Director also became personally acquainted with almost every family and visited with them frequently.

However, if we are indeed to deal effectively with the migrant and upgrade his skills, affording him the opportunity to develop more normal abilities and language patterns at an earlier age, we must view the problem in its total concept. This means working with his family in his home.

It will be necessary for us to develop more effective means of establishing a close working relationship with the parents of these migrant children. Visits from the teachers were always heralded with delight by the children, and generally welcomed by the adults. However, I felt the involvement of the parents in the program was generally not as great as would be desirable. The families, of necessity, work long hours in the fields, and do not have the energy for the most part to attend many school meetings. However, more understanding by the parent of the role he can play in the school program and the necessity of his effective participation and voice needs to be developed more fully. The adult education classes should provide an opportunity to re-enforce this relationship and give opportunity to that voice in the development of more secure parental attitudes.

In terms of service to the pre-school child, our greatest incompletely met need would be in the care of the Under Age 2 Child. In terms of administrative frustration, our placement of children in Foster Home Day Care programs would be our greatest problem.

Presently Iowa Code does not allow for group care of Infants under the age of two years. To help control the problem of infants lying in the fields, or in parked automobiles all day, or left in the camp in the care of older siblings, the Migrant Action Program entered into an arrangement with the Iowa State Department of Social Welfare for the placing of such infants in foster homes during the hours the parents were at work in the fields.

The development of licensed homes was a large undertaking, but a volunteer social worker did agree to attempt the task during the winter months. Licensing of homes is a lengthy and expensive proceedure, especially when viewed in terms that the approximate need would be 8 weeks.

As it developed though, only three migrant families would agree to the use of such service, preferring their old arrangement of taking the children to the fields, or keeping an older child home from school to care for them. Much time and effort was expended by the staff social worker to develop the program and to work with the families to gain their confidence in the use of such service. Explanatory pamphlets were developed and printed in both Spanish and in English--to very little avail. Perhaps the fact that the camps are located in sparsely settled areas and over a wide area contributed to this attitude. One young mother continually put her infant on the school bus in the morning, but when the practice was firmly ended, would still not allow the child to be placed in a foster home during the day even though a very fine family had been contacted and was known by the migrant.

Infants kept in camp under the supervision of older siblings had very poor care and a number of accidents resulted. One child fell down a flight of stairs and suffered bumps and bruises. His baby-sitter was only 11 years old and had 3 children under the age of two years in her charge! She used to beg to be allowed to attend the adult education classes she wanted so badly to attend school.

To plan for more appropriate service for the Under 2 child, we have been in contact with the Iowa Department of Health, and the Iowa State Department of Social Welfare and made specific suggestions for the care of children under the age of two years in a group situation. An interest in such an arrangement has been indicated by these two departments and some decision promised before nest year's project.

We are enclosing a copy of this proposal with this report.

CASE HISTORIES

Raymond - age 2

Poor little 2 year old fellow was a pathetic sight when he came to the Center on the first morning. His nose was so dirty and sore. He had a malformed eye which lead the teachers to believe he had sight in only one eye. He had no coat or shoes although it was May 2 and very cold.

He was referred to the School Nurse who visited the parents and made a referral for him to be seen at the family health clinic where the physician examined him and felt that surgery was indicated at a later time in his life.

It was soon established however that he did retain sight in the malformed eye when he was struck near the good eye with a baseball bat while playing in the camp. His parents tried to keep him at home during the time his eye was badly swollen, but he cried so hard to be allowed to go to school that they consented. There was very little heat in the cabin, since the only heat provided was by a kerosene cooking stove. The teachers felt that it was better for him to be in the room at the Day Care Center where he would get good care and a hot lunch.

During the time his good eye was swollen shut, his poor eye strengthened its muscles to where the pupil was more visible. This information has been relayed to the Texas State Health Department.

It soon became apparent that Raymond was not toilet trained, although he had no supply of diapers or subber pants. He did bring a dirty bottle with him. He was deadly afraid of the bathroom because of the water. It was necessary to wash him only on the run - far from the bath area. At the end of the program, he loved to stand at the sink and play in the water!

Raymond's play habits were very poor. He became very possessive of several of the toys. He picked on the other small children with a mischievous look in his eye. He purposely drove his tank into other children or broke up or destroyed what they were doing. At such times, the teacher put him into a large wooden box on casters that a volunteer had built to hold the block busters. This Raymond loved and it became great fun for the children to give each other rides in the box.

Raymond learned to drink milk from a glass, use a straw, and a spoon. He ate poorly at first, but improved greatly. The amount of milk he consumed also greatly improved.

He was eager to sleep and required a lengthy nap period on his cot. He liked to sleep with the sheet over his head. He also enjoyed taking a little radio to bed with him the first week. He greatly enjoyed the piano and record player and was able to learn and participate in all the group games. He loved to dance.

Jose - 3

Jose didn't attend school the first three days because of surgery. At first he seemed to enjoy only a noisy, wild sort of play. He didn't play with other children very much, and didn't care to be included in activities. He would rather run across the room or make loud noises alone. He did cause discipline problems at times. He knew he was disobeying rules, but he tried to get attention in this manner. When he realized that certain things were just not done in school and that the teachers would ignore him, he settle down somewhat.

Jose enjoyed musical activities, especially the rhythm band and marching. He didn't become very enthused about art activities, however, since he would rather be active than working carefully or quietly.

On the playground, Joe's favorite was the slide. In the room he liked the big cardboard box or the plastic fire truck.

Joe had difficulty learning to play with the other children. The only way he found to establish a relationship was to pretend he was a monster and holding his hands like claws try to scare everyone. At least this is a beginning for Joe, but he has a long way to go. He was just finding out what fun a friend can be. As he let himself become more and more involved in the organized activities of the Center, he had more opportunities to function as a part of a group and to play with the others.

Joe speaks mostly Spanish, but he understands English quite well. He attended school from June 17th through July 29th with only one absence, due to illness.

Gloria - 5

Gloria was an extremely dear, quiet, shy child, or perhaps a better word would be "insecure". The first few days, Gloria did not want to come into the schoolroom. Her older brothers and sisters showered a great amount of affection and attention upon Gloria and were also reluctant to leave her. One of them was permitted to stay with Gloria in the Day Care room for a few days, but after several days the teacher encouraged the older sister to return to her own room. Gloria cried and the sister would not leave.

Finally the sister's teacher explained to her the importance of attending her own class. She also explained that Gloria would be alright and she might come down to see Gloria occasionally if she wished. After the initial separation, everything was fine.

Although Gloria did not participate in very many activities into the third week, she would come and watch the other children, and at times, laugh at something they were doing. During the 3rd week, she asked to fingerpaint and obviously enjoyed the relaxing movements of her fingers and arms. Shortly afterward, she painted at the easel, played in the cornmeal pan and made collages. She also enjoyed rolling and pounding the playdough into many shapes. Of course, she liked playing with the playground equipment outside, and seeing her older brothers and sisters there.

Because of a cold, she missed several days of school in her fourth week, but seemed happy to get back to school. She always took her nap willingly (after she felt secure during 3rd week). She responded very well to teacher's directions and was very happytto see the teachers when they came to her camp on visitation.

Although Gloria remained a quiet child throughout her brief stay with us, she smiled alot toward the end, cooperated well with all the children and was happy and relaxed when we terminated the program. She greatly rewarded her teacher with a big hug and kiss when she said good-by on the last day.

EXPERIENCES PROVIDED IN DAY CARE *

- Visit to doctor & dentist
- rhythm band
- popping corn
- freezing ice cream
- making pudding
- movies
- watching road construction
- going for walks
- riding on fire truck
- blowing bubbles
- finger plays
- collages
- picnics in park
- scrap books
- visit to a farm
- stories and records in English & Spanish
- pets (generally fish).
- library
- housekkeeping center
- chalkboard
- post office
- lumber yard
- riding in milk truck
- walk with postman
- greenhouse
- Open House program for parents
- ice cream store
- collections

*Not all experiences at all centers.

MATERIALS USED

- tempra paint
- health kits
- crayons and scissors
- soap bubbles
- playdough
- paste
- balls
- block busters
- ride 'em toys
- trucks, cars
- farm set, toy animals
- hammer and nails
- large wooden box on casters
- story books
- puzzles
- fingerpaint
- puppets
- train
- outdoor play equipment
- tricycles
- scooters
- wagons
- grocery store
- dolls
- dress-up clothes
- rocking boat
- utility balls
- records
- sandbox
- wooden steps for climbing
- housekeeping equipment
- mirror

OEO EXPENDITURES

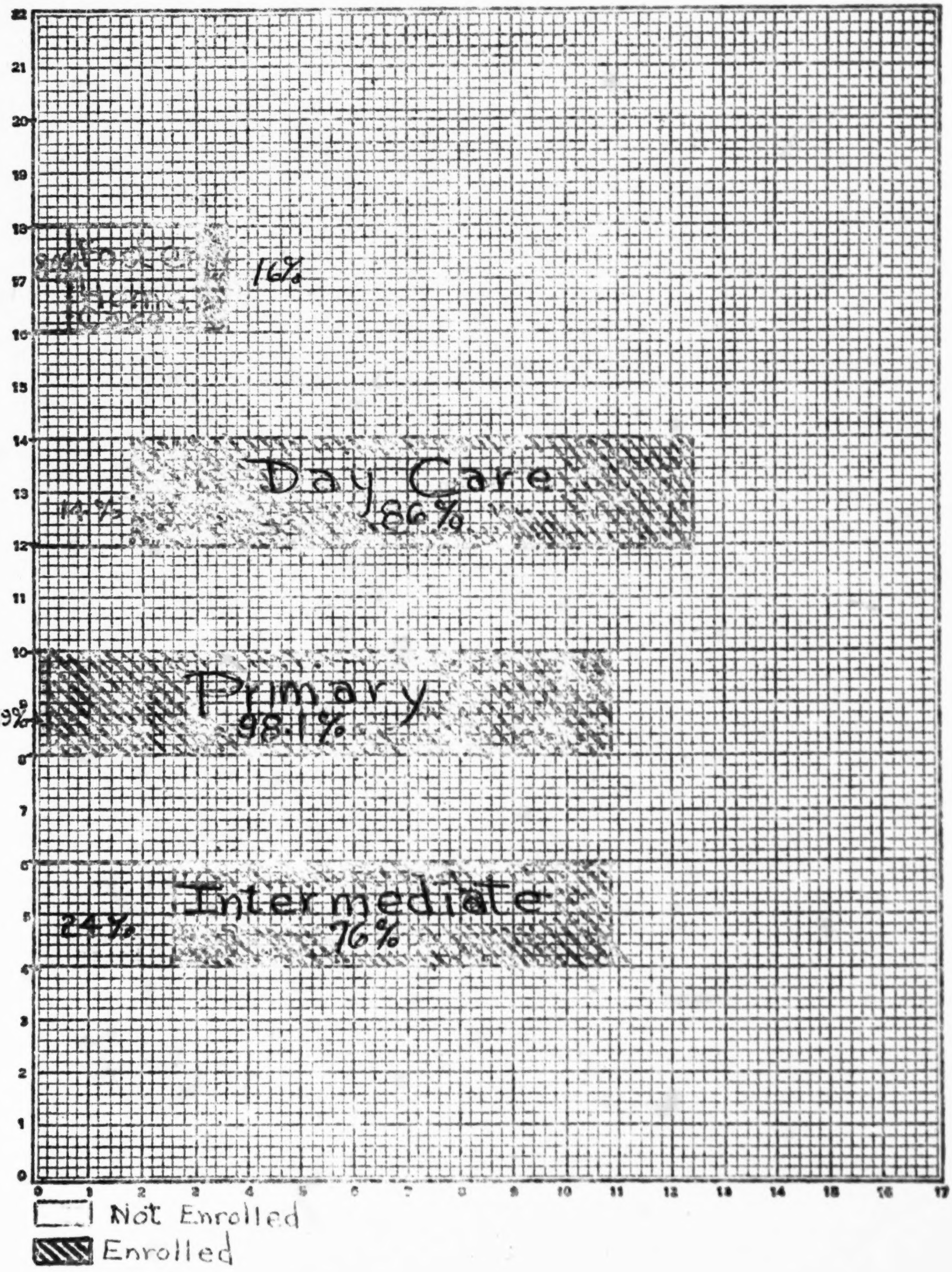
DAY CARE

April 12, 1966 to Sept. 26, 1966

Center	Hanlontown	Reinbeck	Rockwell	Thompson	Total
Number of Children	12	12	19	7	50
Personnel					
Instructors	$2,029.73	$1,160.77	$2,279.97	$1,333.32	$6,803.79
Aids	1,031.89	782.51	921.27	611.25	3,346.92
	3,061.62	1,943.28	3,201.24	1,944.57	10,150.71
Fringe Benefits	127.96	81.62	134.45	81.67	425.70
Total	3,189.58	2,024.90	3,335.69	2,026.24	10,576.41
Consultants & Contract	13.25		2.90	.60	16.75
Travel					
Transporting children	271.84	33.29	180.37	285.28	770.78
Space					
Classrooms	330.00	150.00	375.00	315.00	1,170.00
Storage	10.00	10.00	10.00	10.00	40.00
Total	340.00	160.00	385.00	325.00	1,210.00
Consumable Supplies					
Food	113.57	160.22	125.30	176.10	575.19
Other	41.91	41.91	41.92	41.91	167.65
Total	155.48	202.13	167.22	218.01	742.84
Equipment					
Games, books, toys	48.65	48.65	72.90	24.40	194.60
Record players	14.79	14.79	14.79	14.79	59.16
Cots	94.35	94.35	141.53	47.17	377.40
Total	157.79	157.79	229.22	86.36	631.16
Other					
Accident Insurance	6.48	6.48	10.26	3.78	27.00
TOTALS	$4,134.42	$2,584.59*	$4,310.66	$2,945.27	$13,974.94

*Transportation and cook provided by volunteers.

Participation of Migrant Children - MAP, - 1966



Component Project 7-3

SUMMER SCHOOL

Locations: Thompson (Winnebago County)
Serving Lake Mills, Thompson, Buffalo Center, Lakota, Ledyard,
19 Enrolled
June 13 thru July 31

Hanlontown (Worth County)
Serving Mason City, Manly, Fertile, & Clear Lake areas
37 enrolled
June 13 thru July 31

Rockwell (Cerro Gordo & Franklin County)
Serving Mason City, Sheffield, and Hampton Areas
June 13 thru July
16 Enrolled

Reinbeck (Grundy County)
Serving Reinbeck
33 Enrolled
May 2 thru June 30

Hours: 8:30 - 2:30 all centers

Staff Required: School Principal (half time)
8 teachers full-time
1 teacher part-time
2 migrant teacher-aids
Social Worker (provided by Iowa State Dept. Soc
Welfar

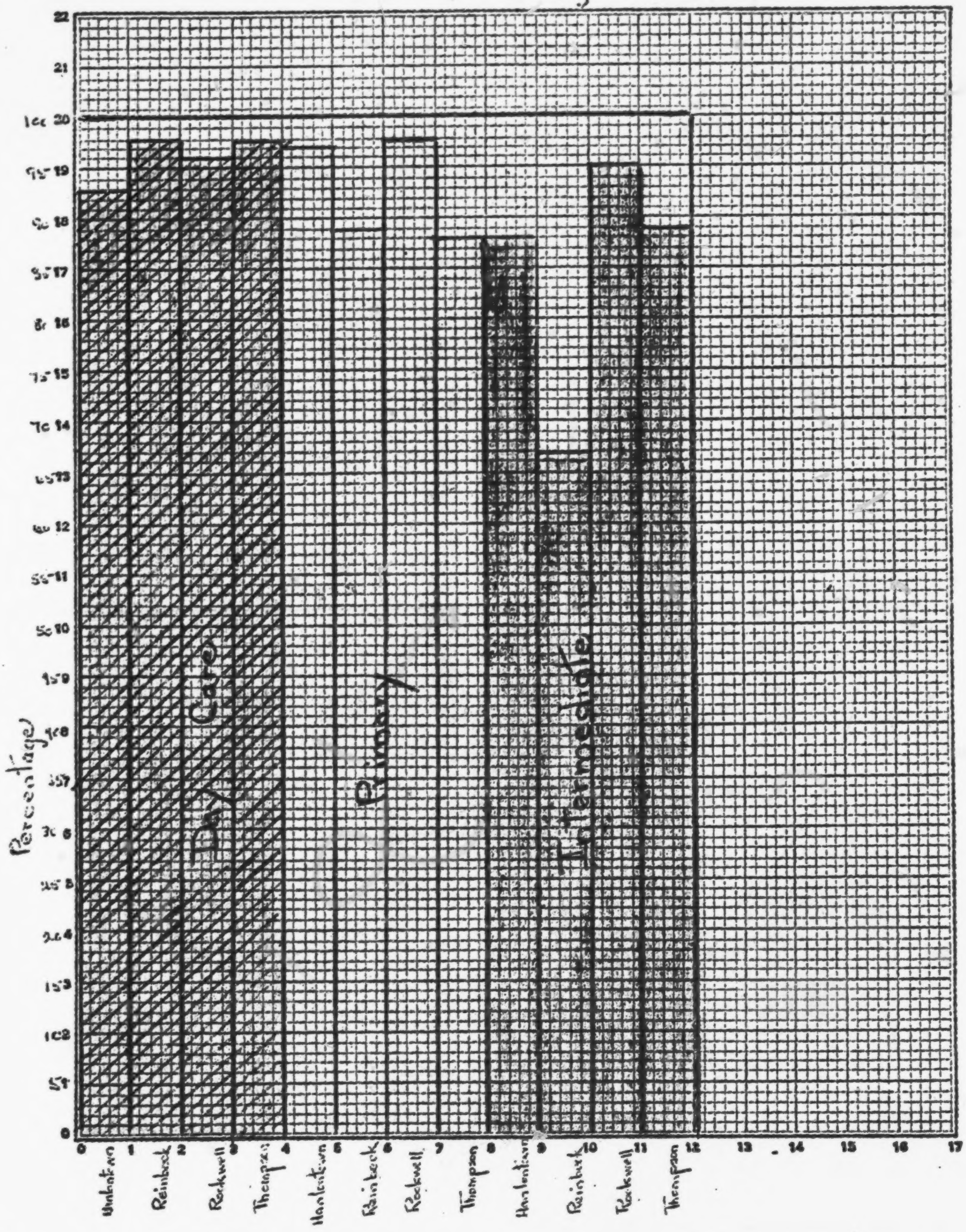
Hot Lunch Program: For ½ the program length at Reinbeck, childr
participated in the public school hot lunch program. Funds wer
raised for this purpose through voluntary contributions. Durin
the remainder of the time, they ate at the Day Care Center wher
meals were prepared by church volunteer ladies. At the remaini
Centers, the meals were prepared and served by the aids. All m
exceeded the requirements of governmental regulations for Type-
lunch. Menus were prepared by a nutritionist from the County H
Extension Service. Surplus commodities were made available by
Iowa State Department of Social Welfare and approval for partic
in the Special Milk Program was given by the U. S. Dept. of Agr

Health Services: All of the children received physical and den
examinations and such immunizations and vaccinations as were re
The majority of these were given without charge by physicians,
the remaining were given at one of the family health clinics op
by this project with the support of a Public Health Service Gra
All children had their vision checked at the school with the us
a Snellen Eye Chart and had their hearing screened by an audion
Follow-up service was provided without charge. The majority of
children participated in the Mantoux Skin Testing program. For
wider range of medical services available to these children, re
the annual report of the Migrant Action Program, Migrant Health
ject Grant.

Transportation: At the Rockwell Center, transportation was by
tion owned bus. At Thompson and Hanlontown Centers, students
transported by staff members. At Reinbeck, for the most part,
ents were transported by volunteer drivers.

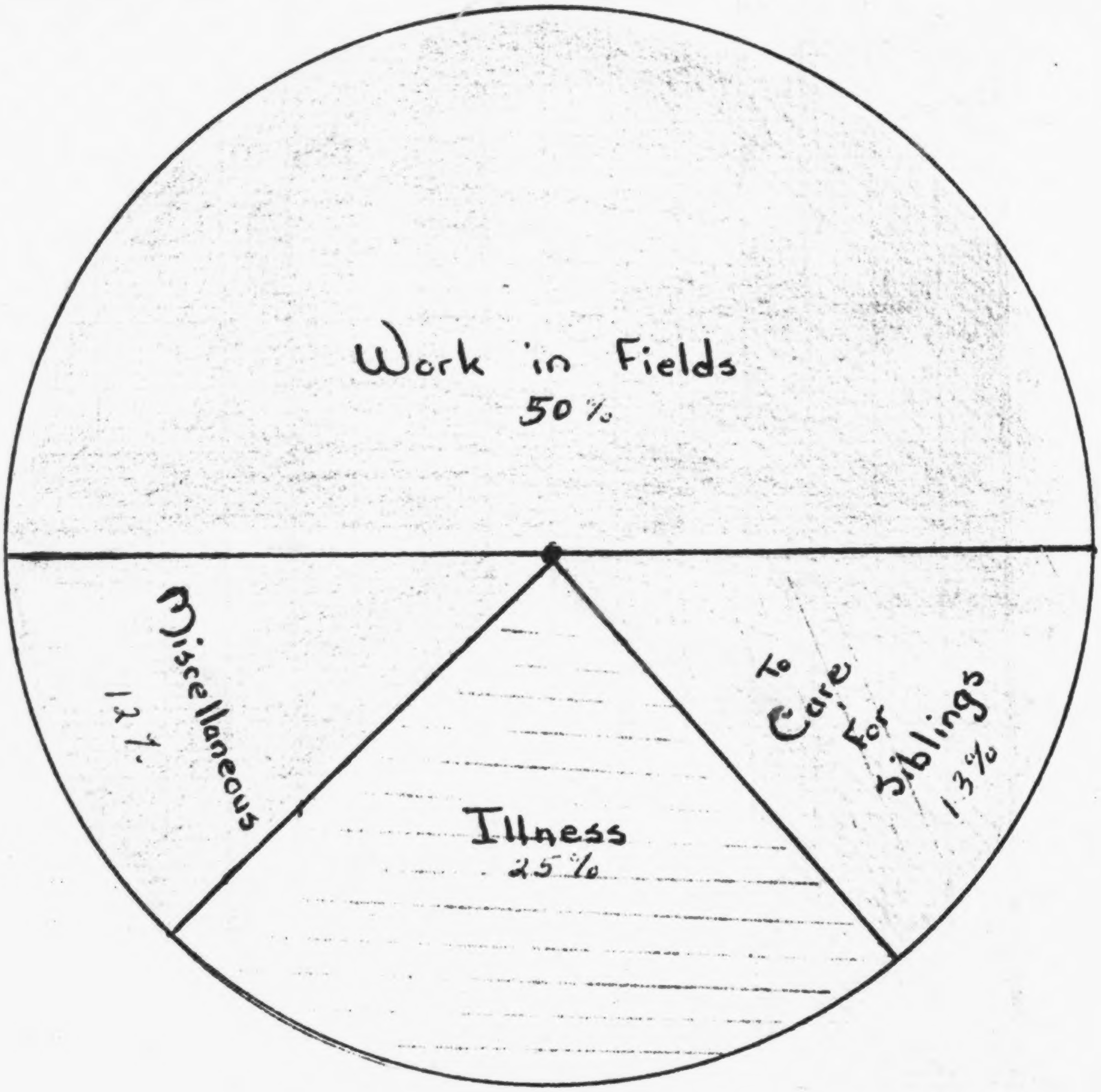
MIGRANT ACTION PROGRAM

Attendance in Migrant Schools



Migrant Action Program

Reasons For Absences



MAP

FOCUS AND NEED

The planning for the summer school program began soon after the completion of the school program for 1965. Basic changes in the approach to reading were agreed upon and the extended school day was organized. These changes were based on the recommendations and evaluations of the staff after the 1965 program.

In January the purpose, scope, and educational objectives were developed. The methods and materials to be used to achieve these objectives were developed and located by the school principal. This included the areas of reading, language arts, arithmetic, science, social studies, and physical education.

To fulfill a definite need to provide opportunities for the migrant children to participate equally with resident children in natural situations, a program of homemaking and swimming was developed for the girls with the cooperation of the Y.W.C.A. Only the girls from the Rockwell and Hanlontown Centers could be included because of the distance from Mason City of the other Centers. The educational program for the boys was expanded to include industrial arts which was scheduled to be held in Mason City at the same time as the Y program for girls.

In line with this thinking, the North Iowa Girl Scout Council was contacted and it was agreed to develop a program of Girl Scouting for junior and senior age girls who would be attending the above mentioned two centers. It was determined that the activities would be a Scout project, financed and operated by the girls themselves with the aid of an adult coordinator and working in close cooperation with the Migrant Action Program. Objectives of the proposed program were developed and the Project Director presented the appeal and the need at a Senior Girl Scout Round-up. Response was good and the project launched. It was hoped to not only include the school-age girls in afternoon after school troop meetings, but give the older girls who worked in the fields a good experience with other teen-age girls as well.

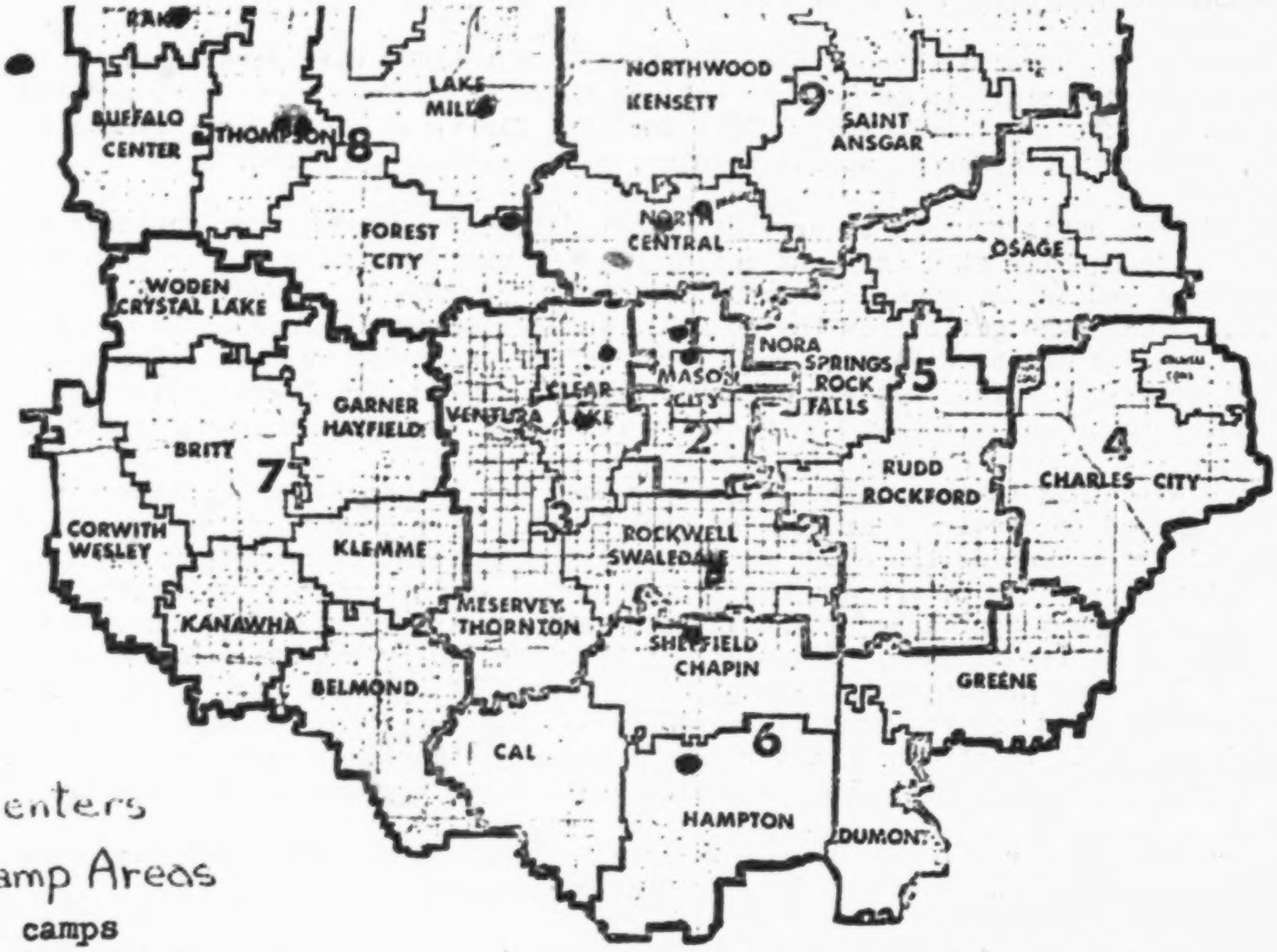
The opportunity for the boys to participate in a day at the Boy Scout Camp came at a later date, but was just as enthusiasticaly received.

To provide the same type of enriching experience for the youngsters at the Thompson Center, it was arranged for the migrant children to be transported 3 times weekly by bus with the resident children to swimming classes at the Forest City Municipal Pool. (The community came through with enough bathing suits.)

The Reinbeck Center was set to begin operating April 25. (This was later changed to May 2 because a late spring snow and freeze delayed the arrival of the migrants.) As the public school system was still in session at this time, the Migrant Action Program worked with the local school board and agreed upon a coordinated effort. The School Board voted use of Title I funds to finance operation of the migrant school program for the first half of its scheduled session. Lack of space in the regular school building necessitated renting of additional classroom space, but the migrant children were incorporated into the public school program for lunch, physical education activities, and library privileges.

The Migrant Action Program agreed to provide student supplies normally provided by parents, plus the health services, and program direction. The Reinbeck School Board agreed to the use of Title I equipment and audio-visual films etc. for the entire length of operation, plus supervision of the instruction during the time Title I funds were involved.

Number of Local School Districts
MAP Program 1966


RAKE
BUFFALO CENTER
THOMPSON
8
LAKE MILLS
NORTHWOOD KENSETT
9
SAINT ANSGAR
FOREST CITY
NORTH CENTRAL
OSAGE
WODEN CRYSTAL LAKE
1
MASON CITY
NORA SPRINGS ROCK FALLS
5
CLEAR LAKE
VENTURA
GARNER HAYFIELD
BRITT
7
2
RUDD ROCKFORD
4
CHARLES CITY
3
CORWITH WESLEY
KLEMME
ROCKWELL SWALEDALE
KANAWHA
MESERVEY THORNTON
SHEFFIELD CHAPIN
GREENE
BELMOND
CAL
6
HAMPTON
DUMONT

● Centers

● Camp Areas

23 camps

● Reinbeck

TOTAL NUMBER OF SCHOOL DISTRICTS INVOLVED: 13

BY CENTER:	Day Care	School
Thompson:		
Lake Mills:	1	1
Thompson:	3	6
Rake	2	3
Ledyard Lakota	2	8
Hanlontown:		
Forest City	1	1
North Central	7	9
Clear Lake	5	20
Mason City	0	2
Rockwell:		
Mason City	3	2
Rockwell-Swaledale		
Sheffield-Chapin	6	10
Hampton	10	8
Reinbeck:		
Reinbeck	13	32

(In evaluating the Migrant School program for the Iowa Department of Public Instruction, J. T. Riekena, Elementary School Principal for the Reinbeck Public Schools, had this to say:

> "From the administrative viewpoint, the program was well conducted and the teachers worked conscientiously toward a realistic and profitable student achievement goal......The community, by and large, apparently accepted the results of the program with satisfaction and have voiced their overall approval. In conclusion, it would therefore seem that the continuation of such a program is warranted and will pay dividends both to the migrant families and to the local community and primarily the children will be benefitted.")

The Rockwell School System also made available all Title I equipment and supplies, as well as the SRA Reading Lab to go with the Pilot Library provided by MAP.

After physical arrangements for the Centers were concluded and tentative schedules established, the Director worked with the Principal in the process of interviewing, selecting, and hiring of teachers for the program. After this selection was completed, an orientation meeting was held for all staff members. The purpose was to explain the expanded educational program and to inform the staff members of the total program as it was developed for the summer.

Arrangements were also announced for a 3 day on-campus training session to be conducted by the Child Development Center Extension Service of Iowa State University, for the benefit of the personnel involved in the Migrant Action Program and the Muscatine Migrant Program.

This was later followed up by a one day session in Mason City for which the principal resource persons were Mr. and Mrs. Roy Pennington of McAllen, Texas and the Texas Special 6 Month Project for Migrant Children; and Mrs. Esther Huseman of the Migrant Health Branch, United States Public Health Service, Kansas City, Missouri. The Penningtons, Mrs. Huseman, and the Iowa State Sponsoring faculty, spent the previous day observing in the Centers, and discussing programming with the Director.

All instructional materials and equipment were installed in the Centers before teachers began their preparation work. On the day before school opened, a staff meeting was held at each center to make final plans before the beginning of classes.

In order to learn as much as possible about the needs and problems of each child frequent visits were made to each center at the beginning of the school programs. The following activities were employed by the school principal to help plan the educational program for each child.

1. Conferred with individual children to determine interests, needs, and problems.
2. Tested students to determine level of achievement.
3. Observed individual and groups of students.
4. Accompanied children on special trips outside the classroom.
5. Visited children at their homes.

In order to help the teacher improve the instructional program for all students the following activities were used:

1. Held individual conferences with teachers concerned with problems on supplies, materials, students, and other staff members.
2. Held faculty meetings at each center.
3. Visited classrooms to observe students and teachers. A conference was held with the teacher after each visit.
4. Shared the responsibilities with teachers for noon duty, duplicating material, and discipline of students.
5. Kept teachers aware of MAP policy and procedures and of program activities.

The total enrollment for the summer school program was 105 students. There were several more who enrolled but did not attend sufficiently to be considered as full-time students. There were 51 enrolled in the primary level and 54 enrolled at the intermediate level. It was in this age group where a number of youngsters asked to be allowed to attend adult education classes at night since they were required to work in the fields during the day time. It would appear that some arrangement would be necessary to either allow children to receive classroom instruction at night or to pay them an allowance to replace lost earnings while attending day time classes.

One of the needs most often expressed by those involved in the planning and emplementing of educational programs for migrant children is for some type device to lend correlation and continuity to the various stream programs.

Several methods have been suggested, however none seem to answer the total need. To provide some type limited effort in this area, the Migrant Action Program, during the summer of 1966, developed a referral form which is prepared in triplicate on each child. One copy is sent to the funded program nearest the next stop on the migrant trail, one copy is sent back to the Texas Education Agency for referral to the separate school systems involved and one copy is retained in our file. The form contains information as to curriculum, experiences, and materials used, plus a teacher subjective evaluation of the child as he lived and worked in our program. Health information is also provided. A copy of that form is included in this report. It is too early to evaluate the success of the effort, but we are hopeful that some degree of follow-up will be obtained.

Another suggestion might be to establish some type working relationship between the Texas Education Agency and the recruiting system in Texas so that a referral might be sent to the stream programs by the home base school. Some of the children this summer brought with them their report cards from Texas, but none presented uniform withdrawal slip especially prepared by Texas Education Agency.

FIELD TRIPS*

Filling station
Small grocery store
Supermarket
Northwestern Bell Telephone Co.
Zoo
Carnival
Photo-finishing plant
Ball game
Picnic
State forest reserve
Train exhibit
Post office
4H Fair
Shopping Center
Restaurant
Greenhouse
Bank
Nursing home
Parks

Doctor office
Dentist office
Fire truck ride
Pet shop
Movie
Library
Miniature golf course
Art center
Lake
Newspaper office
Travel trailer factory
Cemetery
Museum
Dairy
Fishing
Drive-In (food)
Airport
Bakery
Farm

*Not all trips taken by all centers

MATERIALS USED

- Films & projector
- Film strips
- Record player & records
- Home-made Ice cream
- Nursery rhyme books
- Picture dictionary
- Library books
- Educational puzzles
- Games
- Toys
- Alphabet & Sound symbol cards
- Experience charts
- Abacus
- Counting sticks
- Hundreds chart
- Flannel boards
- Tape recorder
- Rulers
- Pencils
- Bulletin board displays
- Outdoor play equipment
- Chalk
- Crayons
- Poster paint
- Water Colors
- Finger Paints
- Poster paper
- Paste
- Scizzors
- Collages
- Tempra paint
- String pictures
- Plaster molds
- Glaze
- Play money
- Toy telephone
- Seat clocks
- Health kits
- Square dancing
- Utility balls
- Soft ball
- Volley ball

OEO EXPENDITURES

SCHOOL

April 12, 1966 to Sept. 26, 1966

Center Number of children	Hanlontown 37	Reinbeck 33	Rockwell 10	Thompson 19	Total 105
Personnel					
Principal	$ 215.00	$ 105.00	$ 215.00	$ 215.00	$ 750.00
Teachers	2,559.96	1,100.00	2,693.43	1,999.98	8,353.37
	2,774.96	1,205.00	2,908.43	2,214.98	9,103.37
Fringe Benefits	116.54	50.60	122.13	93.02	382.29
Total	2,891.50	1,255.60	3,030.56	2,308.00	9,485.66
Consultants & Contract	15.00		15.00		30.00
Travel					
Transporting children	411.59	49.91	270.56	447.91	1,179.97
Bus			138.09		138.09
Total	411.59	49.91	408.65	447.91	1,318.06
Space					
Classroom	330.00	150.00	375.00	315.00	1,170.00
Storage	23.38	23.37	23.38	23.37	93.50
Total	353.38	173.37	398.38	338.37	1,263.50
Consumable supplies					
Food	193.16	179.85	211.83	232.68	817.52
Books, etc.	389.43	349.43	169.00	200.44	1,108.30
Physical education	35.36	33.36	15.35	19.00	103.07
Total	617.95	562.64	396.18	452.12	2,028.89
Equipment					
Record players	14.79	14.79	14.79	14.79	59.16
Film rental	7.42	7.42	7.41	7.41	29.66
Total	22.21	22.21	22.20	22.20	88.82
Other					
Accident Insurance	30.20	26.60	12.90	15.30	85.00
TOTALS	$4,341.83	$2,090.33*	$4,283.87	$3,583.90	$14,299.93

*In addition Title I funds made available by local school district for ½ program

MIGRANT ACTION PROGRAM

Mason City, Iowa

INTERESTING FACTS

Length of Program:

Operation of school centers varied from 7 to 10 weeks over a three month period

Administration and related services	12 months

Number of people served:

Under 2 years of age	37
From 2 through 13 years of age	222
Young adults - 14 years and over	161
Adults	196
TOTAL	616

English speaking ability:

Non-English speaking	approx.	202
Very little English	approx.	146
Fairly good English	approx.	268
TOTAL		616

U. S. residents but not citizens	approx.	35

Area served: parts of nine counties

Number of school centers: four

CASE HISTORIES OF TWO STUDENTS

by teachers

Note:
In attempting to evaluate progress by students, it is wise to remember that these are educational, socially, and emotionally deprived children who are enrolled in a short term program. Testing cannot be too meaningful, however it can point to problem areas. Evaluations selected here are an attempt to call attention to the special plight of these children who represent a segment of the American populace who often exhibit little evidence of formal education.

Also shown are the referral forms of three additional students and the graphs made of the results obtained by administering Ginn Achievement Tests and comparing them to actual test scores of local resident children. The referral forms are sent to the funded migrant programs at an address closest to their next stop. Copies are also sent to the Texas Education Agency for follow-up. Graphs are not included, but are for local use only.

Director

STUDENT #1

This child is 13 years old and at the time she entered school on July 5, she seemed not to understand any English. She had attended school in Mexico, but not in the United States.

She studied the ABC's and started in the Beginning Programmed Reader. At the close of the session, she was working in Book 2. She was able to pronounce rhyming words such as man, fan, tan, pan, can ran, and many others.

She was so anxious to learn to read that each afternoon she would ask for a book to take home. She liked to sit with anyone who wasn't busy and read to them so they could help her with the words she did not know.

She could write the numbers to 100 and work simple problems. She would work on numbers if I asked her to, but in a few minutes I would find her working on Reading. The children were helping her to talk and understand English. She learned a number of words and could understand such directions as "Come to the board" "Take your notebook out of your desk" "Wash your hands" and etc.

During the 15 days she was in school she changed from a shy little girl to a smiling chatterbox. Her chatter was a mixture of Spanish and English so I could not always understand her words, but her smiling face was enough to tell everyone how happy she was to be in school.

At the close of the session, she asked for some books that she might keep. She wanted to keep on learning to read!

This child was very popular with the teachers as well as the other children. She seemed able to adjust to any situation. She takes care of her little cousin and cares for him like a little Mother.

She has made an excellent start in reading and her interest is such that I think she will continue to study if she gets a little help. The school session offered her a chance to be with other children and to learn to like and trust American adults. I hope her family will see fit to send her to school whenever possible.

STUDENT #2

This little girl presented a real challenge when she entered our migrant school. She had poor hearing--no left ear, very poor vision in the left eye. She knew only the numbers one, two, three, and the colors red and blue. She was 11 years old!

She did not have any idea of school routine and was ragged and dirty. She could not write her first or last name. She knew nothing about modern bathrooms or plumbing--she stood on the toilet seat and did not know how to turn on a faucet.

Even though she was a big girl and eleven years old, we decided she needed to start with kindergarten and first grade work. She would be out-of-place in Day Care even though she loved to work and play there. She has missed those experiences.

At first she would not talk. She was frightened and withdrawn. When she began to trust us, became accustomed to school, and saw that it was fun, and discovered that she could do these things, she joined in. She now manuscripts her first and last name, knows most of her colors, learned a great many English words and meanings and chatters on the playground with the other children. I have heard her say, "I'm hungry" "When do we eat?" "Can I go baffroom?" "I like school" "You come to my house tonight?" "Hello, teacher" "I don't want to!"

Cathy picked up counting and numbers very quickly and was doing well in reading readiness. She is learning the letters of the alphabet. She is very pleased when she can do her work well.

She loves to sketch and does a good job on her drawings.

She needs love, encouragement, and attention from teachers and people who realize the enormous problems that confront this girl. She responds with hugs, just can't seem to get close enough and whispers endearing things to people she likes. She must be helped at her academic level. She has missed too much. She desperately needs to attend school. Her home enviorment will not provide the necessary background for healthy normal living.

Migrant Action Program

Box 717 MAP MASON CITY, IOWA 50401

REFERRAL SLIP

The following person was enrolled in a program of activities sponsored by the Migrant Action Program, Mason City, Iowa.

There is indication that he next expects to enter the area of
Muscatine, Iowa

To aid you as you plan a program geared to the individual needs of this p son, we are able to supply you with the below stated information.

Name of Migrant [redacted] Parents [redacted]
10-13-54
Age 11 Center Where Enrolled

Name of Instructor Mrs. Paul McDermott Address 207 North 7th St. Clear Lake, Iowa

Subjects Pursued Reading, numbers, language arts, spelling, writing, scie
health, social studies, music, art, physical education Grade Level 3

Texas Address [redacted], Texas

School Last Attended in Texas Sam Houston, Del Rio, Texas

Curriculum Used in This Program McGraw Hill Programmed Reading, Bk. 6
Steck's Number Bk. 3, Ginn's Kit-a-Language, Outdoor Science, Preventive
Health, Social Studies, Arts and Crafts, Music, Physical Education, spell

Experiences: Filling station, small grocery store, supermarket, pet shop,
community circus, zoo, library, lake activities, visit to authentic steam
locomotive, post office, shopping center, Photo-finishing process plant,
Drive-In Restaurant, parks, trailer factory, museum, telephone company, ba
Performed for parents at Open House taking lead part in dramatization of T
Billy Goats Gruff, group singing, rhythmic games, rhythm band, grew plants
drew mural of travels, displayed in public library. ----

Materials Used: Finger paint, model clay, tempra, record player & records,
film and projector, playdough, crayon & tempra, work experience charts, le
and flower collections, play money, telephones, abacus, number counting st
flannel board and aids, educational games, toys, puzzles, alaphabet, sound
symbol cards, etc.

Page Two - Referral

Teacher Comments: Nicolas is a very capable beginning third grader. He has good work and study habits. He is very cooperative, extremely polite, and quite ambitious. His work is completed correctly, neatly, and is in on time.

Nicolas understands and speaks good English. He is a beautiful child who responds to love and attention. I'm sure he misses his mother, who is ill in Texas, very much. He tries to keep himself neat and clean, but housing and a house full of children to be cared for by the oldest sister makes this difficult. The housing provided this family is very poor. I'm sure he is often hungry.

Nicolas is a very sensitive child. He sings beautifully and had a solo part in our open house program for the parents. This program was held in the late morning for room visitation, followed by hot lunch and an afternoon formal program. Certificates of Award were presented by the Project Director. Parents left their field work to attend and every home was represented.

Nick watches over and protects his younger brothers and sisters. He is very distrubed when they find it difficult to learn.

This child deserves a chance to have a good education. I feel he will make something of himself, if there arn't just too many obstacles in his way. He has the ability and the personality necessary.

Date of Last Physical Examination 6/30/66

Problems Noted, If Any: none

Immunization Record: Oral polio 1,2,3 1963

Measles 7-28-66

DPT, Nov., 1965 Mantoux 6/30/66 Negative

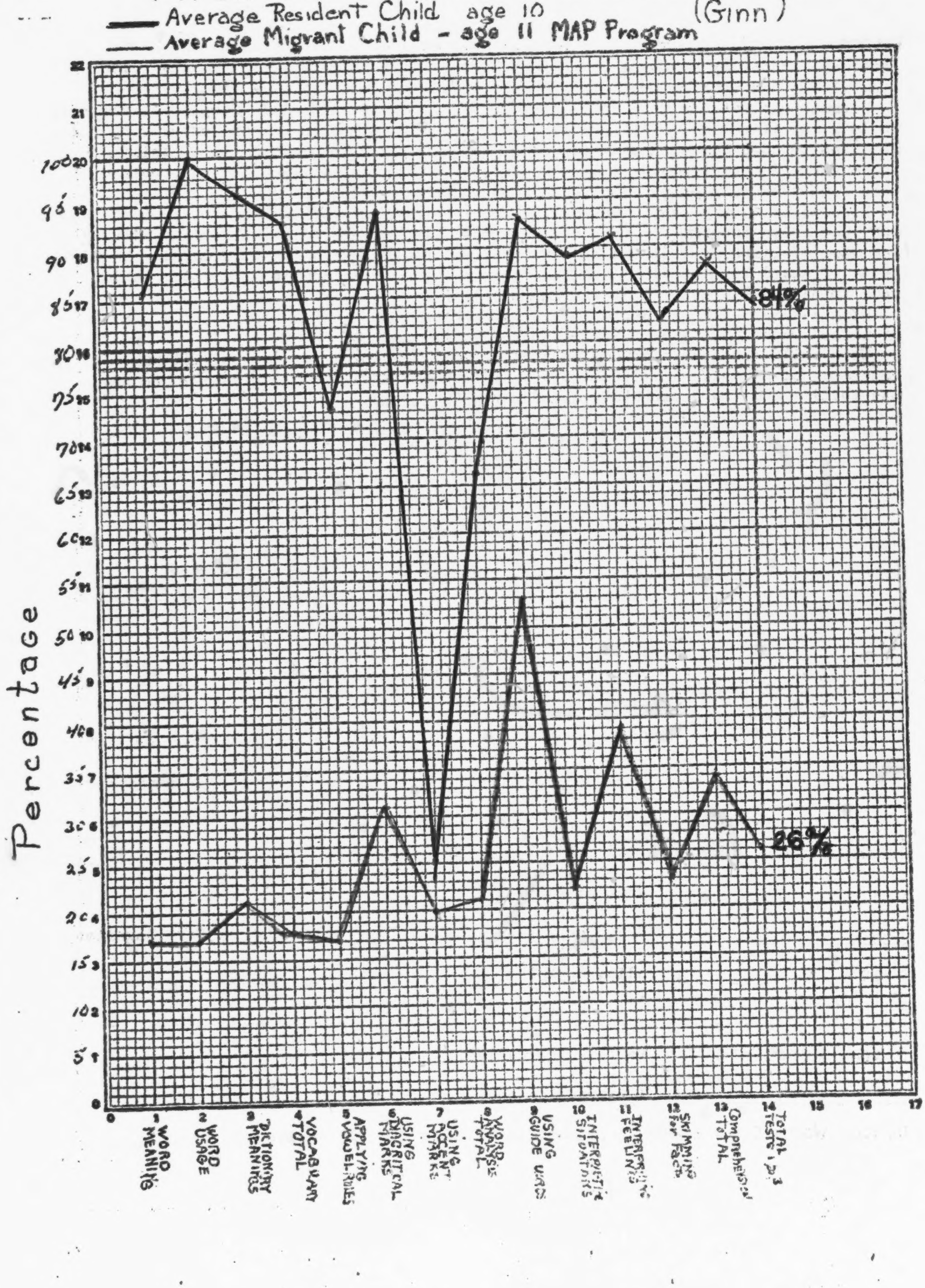
Booster Shots: Polio, 6/30/66

Dental Work Noted: No fillings needed

1 extraction needed

Dental Work Completed: extraction of lower left 1st molar

Fifth Reader Achievement Results (Ginn)



Referral Slip

Dental Work Cont.

Attention Yet Needed: none, work completed 7/21/66

Snellen Eye Test Results: 20/20

Glasses provided

Care Yet Needed:

Audiometer Results: OK

X-rays Given:

Referrals to Other Clinics: none

Hospitalization Required: none

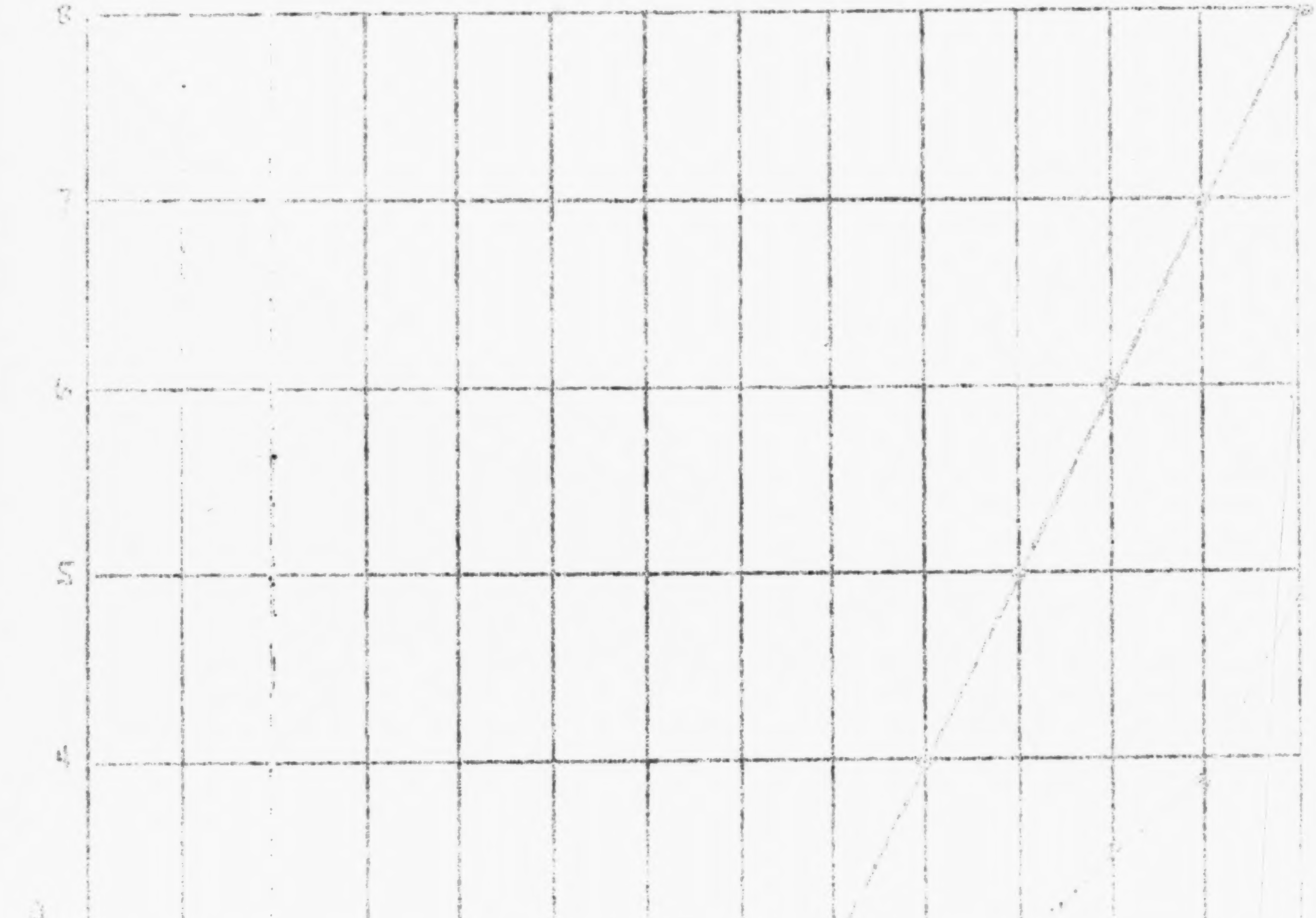
Accidents: none

Recommendations: none

If you are able to locate this person in your program area, we would appreciate receiving confirmation and some comments pertaining activities pursued while a part of your program together with the length of stay in your area.

Mrs Richard Sandage,
Director

Average Grade Level of Migrant Child in
Migrant Action Program



COMPONENT PROJECT 7-4

ADULT EDUCATION

Locations: Three classes in Mason City, Iowa
Other classes and group counseling
held in the camps.

Numbers Served: 616

Transportation: Provided When Necessary

Content: English Words and Phrases
Rights and Responsibilities of Citizenship
Furniture Repairing
Industrial Arts
Health Education (schools and camps)
Social Activities
Cultural Enrichment

Staff: 2 provided by Area Community College
1 Pre-Vocational Instructor
1 Activity-Coordinator
1 Interpretor (Acted as coach)
1 Nurse
Many volunteers - migrant and resident

FOCUS AND NEED

English Speaking Words and Phrases - Enrolled 19

Co-Sponsored with North Iowa Area Community College
Location: Mason City (Facility provided by Neighborhood Youth Center)

This was one of the two most popular classes offered. The enrollees were diligent workers and rarely missed a session. The course was designed to improve oral expression as well as enhance reading ability. Scotts-Foresman Little Pictionaries were given to class members for easy reference. The class was taught by the staff social worker who was a graduate student from the University of Texas.

Migrants in the Thompson Area have asked for a similar class to be held in their area next year. There was some discussion early in the summer whereby a plan was considered to provide transportation twice weekly for these people to attend the Mason City classes. Driving time was too great however, and the plan had to be dropped. There is a definite need to develop a program for these people before next year.

There was an additional request for special tutoring made by an elderly gentleman living in an area some distance from any of the other camps. This man was non-English speaking and last year would not allow his children to attend one of our Centers, saying he did not want them to be influenced by "American ways". This year, his children attended school--he was one of the firm supporters of the program saying he wanted the children to learn to speak English. He offered to pay a tutor if we could find someone to teach him. After the program ended, the social worker went to his camp weekly on a volunteer basis to help him with his lessons. Tutoring for adults should be considered next year.

At the end of September, the Interpretor was assigned to follow-up those who had completed the class and help them to enroll in the adult basic education classes at the College. No fee was asked. One woman was given the GED tests for a high school equivalency certificate.

Rights and Responsibilities of Citizenship - Enrolled 12

This class had the least regular attendance, perhaps because the majority were women who often had other duties that interferred. However those that did attend regularly seem to benefit from the instruction. For course outline see discussion under League of Women Voters--Volunteer Services.

For one of the sessions of this class, the Director invited a representative from the Des Moines office of Job Corps to speak to the class and discuss opportunities offered by this program. As a direct result of this meeting, one migrant girl was put into contact with a representative from Women In Community Service (WICS) and through the cooperation of both programs was ultimately enrolled in Job Corps and is presently receiving training.

Another popular session with this class was a cooking demonstration held one night at the Y.W.C.A. Low cost menu preparation was discussed along with such things as easy and accurate ways to estimate measurements.

Several field trips were enjoyed by this group--i.e. the local TV station, fire station, power plant, library.

FURNITURE REPAIRING - Enrolled 9

This class refused to quit coming!! The course was originally set to run seven weeks. It ended up running better than nine weeks with the instructor volunteering his time and facilities. The enrollees were so enthusiastic about their projects that they asked to be allowed to continue. Every member in the class completed at least one project, generally a small rocker or pull-up chair. Two of the members reupholstered Hide-A-Bed sofas and the finished products were exceptionally good. One of these students is planning on settling this winter and the other returns to the same camp year after year and thus had a good place to store her work.

Interestingly enough this women had completed a course in upholstery in a Texas Migrant school during the winter and was planning on returning this fall. When she enrolled in our course she asked for her final check. It seemed she had not received her final stipend check in Texas and was experiencing some difficulty in straightening out the matter. She felt that as long as we were a "Migrant School" we would be able to supply the missing check. After convincing the lady that we were not part of the same program, we promised to make an effort to clear up the misunderstanding. Several letters were exchanged between MAP and the Texas project but ultimately Mrs. E. received her check. She was correct! She did have one weeks payment due her.

As part of the cultural enrichment activities funded for children of adult students under the component, a Little League ball team was formed. The youngsters played four games against local youth opposition and it would be difficult to judge who enjoyed it the most. They posted a 1-3 record in wins and losses scorewise but a 4-0 record in pure enjoyment. The Dads and big brothers enjoyed it also. It wasn't too long before some of the local church people were providing a cheering section.

Industrial Arts was a great success. Each boy had the opportunity to learn the correct use of small hand tools and completed at least two or three projects in the seven weeks the course was offered. Among the projects were boats, stools, and tool boxes.

For a complete discussion of the activities carried on by the health educators refer to the annual report of the migrant health project. The health educators worked both in the schools with the children and in the camps doing both individual and group counseling. A wide variety of health films were shown to both children and adults. The health educators were assigned to area B and area C and served as referral and follow-up recourse for the physicians at the family health clinics. They accompanied children to dental clinics and demonstrated proper dental care at the centers. Health kits were provided through church groups and time was alloted at school each day for the practice of oral hygiene.

One of our migrant board members has been assigned the responsibility of interviewing other families in the area to ascertain their reactions and desires for further adult education classes next year. Without exception, all would like to see the classes continued but made suggestions that additional courses be offered. Suggestions included were: Sewing (for women), Typing, Furniture repairing (all enrolled this year want to continue), Auto repair, Body repair, English, Welding, Carpentry, Tractor driving, Plumbing, Beauty care, Service Centers. All of these warrant consideration as do many other areas. One thing is obvious, however, the migrant do want the opportunity todevelop the skills and the knowhow to provide better opportunities for themselves and for their families.

OEO EXPENDITURES

ADULT EDUCATION

April 12, 1966 to Sept. 26, 1966

Personnel		
Pre-Vocational	$ 249.90	
Activity Coordinator	800.00	
Health Educator	750.00	
Industrial Arts	350.00	
Adult Education	17.50	
	2,167.40	
Fringe Benefits	91.00	
Total		$2,258.40
Travel		
Transporting adults		269.00
Space		
Pre-Vocational		215.00
Consumable Supplies		311.14
TOTAL		$3,053.54

VOLUNTEER SERVICES AND AGENCIES

The very strength and foundation of the Migrant Action Program has not only been a very dedicated and hard working staff, but the tremendous interest and many hours of volunteer work of countless individuals and many agencies.

To begin to even estimate the number of volunteer hours given in support of this program would be an impossibility and would have to result in very inaccurate figures.

Every effort has been made to plan and implement a program that would begin to meet the basic needs of the migrant families who come into the area each spring and summer. We have tried to extend this program to also incorporate the families, as much as possible, into the existing life of the community.

To this end, many agencies have extended their services and made available to this program resources that otherwise could not have been utilized by the migrants for a variety of reasons; essentially this would have been lack of knowledge or lack of funds. More probably, it would have been lack of both.

On the other hand, the communities themselves often lack knowledge about the problems faced by the migrant families and the needs that are evidenced; and so fail to respond because of this ignorance. To this end, our educational effort has been two-fold; one with the migrants themselves, and one with the community. (program area)

Community development occurs throughout the year in a variety of ways. Growers, physicians, dentists, schoolboards, superintendents, church groups, service clubs, etc. are called on, the program explained and their cooperation solicited in a specific manner. Agencies and clubs are visited, speakers provided, and again a specific suggestion for service made. A colored slide set is developed and made available where requested. It is estimated that this slide set has been shown on the average of once weekly since last summer's project (1965). All of this activity represents an appeal that has definite dividends in opportunities for migrants.

For purposes of showing types and kinds of effort, we have attempted to chart volunteer services by group or agency; we have not made an attempt to count number of individuals.

A special mention must be made here of the fine cooperation of the news media of the area--newspapers, periodicals, television and radio. All have given us excellent coverage. Seven newspapers carried articles about the program, with one newspaper running a series of articles. The local television studio gave excellent coverage to the open houses on two occassions and also sent a photographer to shoot film on one program. The Director had a 15 minutes interview on the Iowa State University television station; while the Director of the Iowa Office of Economic Opportunity was interviewed on the local television station and took the time to give excellent support to the Migrant Action Program. This type of consideration is greatly appreciated.

VOLUNTEER SERVICES

AGENCY	SERVICE PROVIDED
Churches and Church Organizations	Money Clothing, food, toys, health kits School-lunch cooks Visitation Group meetings and talks Transportation
Girl Scouts	Program of Girl Scouting for Junior & Senior Scouts
Boy Scouts	Visit to camp for intermediate age boys
Y. W. C. A.	Cooking, Sewing, Swimming classes for girls
League of Women Voters	Participation in and resource group for Citizenship Classes
K. of C. Youth League	Organized baseball team and arranged games
Lions Clubs	Furnished glasses
Pilot Club	Sponsored picnic
LULACS (League of United Latin American Citizens)	Visitation and social activities
Neighborhood Youth Center	Use of facilities Consultant services
Miscellaneous Local Groups	Thrift Shop Money Toys, clothing, food Visitation
North Iowa Area Community College	Two instructors for Adult Education
Mason City Public Schools	Use of facilities and equipment for Industrial Arts Consultation Services
Rockwell-Swaledale Community School	Use of Title I films and equipment
Reinbeck Public Schools	Use of Title I films, equipment, supplies Use of audiometer and operator
Cerro Gordo County Superintendent of Schools	Use of audiometer
County Extension Office	Facilities for orientation session
County Home Economist	Menu planning for school lunch

LEAGUE OF WOMEN VOTERS

Adult Migrant Program - English Speaking Class in

RESPONSIBILITIES AND RIGHTS OF CITIZENS

The League of Women Voters of Mason City-Clear Lake cooperated with the Migrant Action Program in its effort to establish evening Adult Education classes. The League served as the resource group for a class which concerned itself with the Responsibilities and Rights of Citizens. Only the English speaking adults participated in this program.

The determination to offer a citizenship course came from the Board of Directors of the Migrant Action Program following two years of work with the migrants and their children. Being fully convinced that education is the only answer in the solving of their problems, and the enthusiasm of the migrants for the summer school for the children, it was felt that the next logical step was to offer some classes for adults.

Through two years experience of the people involved with the migrants, it became evident that these people do not know where to turn in time of trouble or need. The first suggestion was that a class for adults on the Rights of Citizens be scheduled for the summer of 1966. When the League of Women Voters entered the program, the resource representatives of the League suggested that "rights of citizenship" can only come through an understanding of the "responsibilities of citizens," and the lesson plans were prepared with this in mind.

The class met two evenings each week for seven weeks and was led by a professional teacher with the League resource representatives attending and participating in the discussions. While the response on the part of the migrants was not as great in numbers as might have been desired, those who did attend showed great interest.

The following subjects were covered through lecture, discussion, films, and field trips:

What it means to be an American: The involvement of citizens in Government.

Government: Federal, State, Local. Basic information about our Flag, learning the Pledge of Allegiance, Our National Anthem, The Congress of the United States, and how our Representatives are elected, how the United States was originated, who we vote for, who is eligible to vote, and where to get information about voting.

Patriotic Symbols: Our Flag, the Liberty Bell, The Great Seal, The Statute of Liberty.

Money: What money is, where it is made, and kinds of money. A part of this lesson was practice in making change. The business of banks, writing checks, and borrowing money covered.

Field Trips: To the Mason City Public Library, local TV Station, local Utilities plant.

Education: Film - "A Desk for Billie". A discussion on why education is important, and how to insure and secure an education for children. How adults can secure education through local and government programs.

GIRL SCOUTS OF AMERICA

This past summer, under the auspices of the North Iowa Girl Scout Council, and with the full cooperation of Mrs. Richard Sandage and the Migrant Action Program, a program of Girl Scouting was begun for migrant girls in this area.

This was a pilot project in our area and was originated as a service for Senior Scouts to conduct. The purpose of our program was as follows:

> "The purpose of the Girl Scout program for migrant girls, as it is for all girls, is to inspire them with the highest ideals of character, conduct, patriotism, and service that they may become happy and resourceful citizens. We hope to help the girls from migrant families feel a part of the community through belonging to a Girl Scout troop. Our program will be developed through activities centered around the home, the arts, and the out-of-doors, through contact with Senior Scouts who will be working with them."

The project began with an adult leader and several of her troop members meeting with six migrant girls, ages 7 to 11, at their camp on June 22. After four meetings, these girls spent an afternoon as guests at the Girl Scout camp, Camp Gaywood. That evening, at a candlelight ceremony, they were invested into Girl Scouting and received their pins. They became members of Mason City Junior Troop #188. Since June 22, they have met weekly and have learned the Scout Promise, songs and games, had a cook-out, toured the library and art centers, and made plaster figurines, which they painted and gave to the residents of a nursing home.

Five older migrant girls, ages 15 to 18 have met once a week since July 20 with Senior Scouts, and have had a splash party at the YWCA a Scout film, scavenger hunt, and dessert cook-out. These girls were field workers, and often were too tired to participate. At the beginning we did encounter some problems with the older girls, i.e. they were suspicious of us, often unable to communicate due to lack of knowledge of English, had to baby-sit, and sometimes had dates. But, eventually most of these girls did enjoy the friends they made in Scouting and looked forward to the gatherings.

Since we had little funds to work with, several Senior and Cadette Scouts organized a rummage sale in a downtown building. Their hard work, plus telling the customers of the purpose of their sale, will allow us some money to begin the program next Spring.

Even though we suffered some set-backs, disappointments, and frustrations, we who have worked in this program this summer feel that through Girl Scouting, we have been able to extend our hand of friendship to others less fortunate. I am sure that I speak for all concerned when I say that we feel Scouting has something wonderful to offer each and every girl. We just tried to make it possible for the migrant girls to participate and to have this experience. We are looking forward to next year.

A recent issue of the Arrow, official newspaper of the North Iowa Girl Scout Council, are printed some examples of creative writing done at Girl Scout Camp this summer. They have expressed themselves on a variety of subjects about their camping experiences. One Scout is quoted in the following manner:

> "The migrant children - I'm glad we had a chance to meet them and get to know them. I think I made a new friend and I'm sure other girls did too. I hope the children enjoyed themselves because I know we enjoyed having them and I hope they come again. I know they were proud when they received their pins. I felt very happy because it reminded me how I felt when I received my pin. I hope it helps them as much as it helped me."

I would say our Girl Scout program with and for the migrant children this summer has been a happy and delightful experience extremely beneficial to all concerned.

Mrs. Joseph Simon
Girl Scout. Migrant Coordinator

IMMACULATE CONCEPTION RECTORY
BUCKINGHAM, IOWA

July 30, 1966

Dear Mrs. Sandage,

Thank you for your letter of appreciation to the ladies of Queen of Heaven Church. I will see that it gets in tomorrow's bulletin.

I will be leaving this parish August 10 to become pastor at Raymond, just outside Waterloo. I will miss my association with MAP and with the project director. Thank you for all you did for Reinbeck. One of the school board members remarked to me that he thought that more than "migrants" had been educated I expect.

God bless you in your work.

Sincerely,

Paul J. [illegible]

CASE HISTORY OF A COMMUNITY EFFORT

One of the more heart-warming examples of community dedication and concern, was exhibited by a group of youngsters from 3 to 15 who are members of a local Sunday School Church group.

The children were very interested in the migrant program and invited the Director to visit them on a Sunday morning to show the slide set and speak to grades pre-school through 9. Plenty of time was allowed for just plain visiting and answering questions and the entire session was geared to the level of the children, although there were a number of adults who just dropped in to listen.

At the end of the session the Director left with the Supervisor a prepared mimeographed list of the equipment and supplies that were needed and would be particularly useful in the Day Care Centers. The children decided to save their money and take a special collection over the next several months and buy something special for the migrant children.

Each class made it their own special project, making their own selection independently of the other classes, and either going as a group to make the purchase or sending a delegation with prior instructions as what to buy.

On the first Sunday in June, the invitation came again to the Director to pay a return visit to the School to receive the gifts at a small service of dedication. Never before had the Director found herself so completely speechless! Each class made their own presentation. All gifts were new merchandise, and were brought forth with many happy faces and joy!

Included were dolls, doll buggy, 2 sets of toy dishes, 1 iron, 1 ironing board, 1 broom and dust pan, 2 sets play money, 1 jump rope, 5 baseball bats, 1 football, 1 soccer ball, 2 volley ball sets, 4 soft balls, 1 baseball, 1 badminton set, 1 croquet set, 3 large play balls, 1 dump truck, 1 road grader, 1 2-pc. farm cattle truck, 1 sand pail, 1 sprinkler, 1 big red wagon, 1 medium size red wagon, 1 chain-driven tricycle, 1 rope swing, 1 set paint and brushes, 1 set necklace to assemble, and 1 large wooden sink! In addition there were 2 used tricycles and miscl. toys and clothing.

I can think of no better way to express our gratitude than the words, "And a little child shall lead them!"

The churches came through with a great deal of support for our program. Many, many hours of volunteer labor and love was exhibited. As a follow-up to the incident described above, these same children were later invited for a picnic with the migrant school children. Sack lunches were provided for all and an afternoon in the park was planned. The children were paired in a buddy system, and to say the event was a huge success was indeed an understatement!

The adult church membership and the teen-agers got involved also and participated in the home visitation program. Church families went as a unit to the camps and became acquainted with the migrant families on a personal basis. The upshot to some of these visits was later invitation to the migrants to be guests in the homes of some of the resident families.

Young Women's Christian Association
2 South Adams
MASON CITY, IOWA

September 28, 1966

Mrs. Shirley Sandage
Mason City, Iowa

Dear Mrs. Sandage:

The Mason City YWCA would like to express their thanks to M A P for all of the pleasure we received from having our six migrants with us this summer. All of the staff and volunteers agreed we were the recipients and not the givers in this venture.

Our days were brighten by their trust in us and by their unquestioning and unrelenting enthusiasm in all they did.

We would be most happy to have them again and our only hope is to be able to serve more children in this unique service.

Very truly yours,

Dorothy Peck

Dorothy Peck (Mrs. Lloyd A.)
Executive Director

Pat Cooper (Mrs. Ray)
Director Summer Program

al

YWCA
ARTICIPATING MEMBER
COMMUNITY CHEST

TEACHER COMMENTS

"Our migrant school was a great success! I feel as though I have done something worthwhile. I've met so many new friends. I am sure I am a much wiser and more understanding person."

"I don't know where to begin to evaluate this program. There are so many things that can be said and should be said that it makes it very difficult to do this program justice. I am very proud to be able to say I was a part of it. This program left no one out......to me the fantastic thing about it was the way all of these were correlated together to form a total program."

"My efforts with each child were to give him a happy school experience, where he was able to meet success often. My hope was that this would develop self-confidence and a happy attitude toward school life wherever he may be."

"We noticed that having school helped these children to keep clean. At first, some of them didn't seem to care, but after the first couple of weeks we noticed a big change in them."

"The most exciting experience for me......was teaching the 10 year old to print his full name without help."

"Our Director, I feel, did her utmost to bring unity and harmony to the program. Also I felt there was an empathy between the Director and the teachers - they felt she was trying to understand and help them with their problems."

"Our migrant aids, were a big help in our room and in the kitchen, as well as on the bus. They were always friendly and willing to work. We enjoyed their sense of humor. I think they enjoyed getting away from home and working at the school. One of them told me these were her first pay checks! Working and visiting with these migrants gave us an insight of their family life and everyday problems."

"I will always remember the faces of some of the children when I said good-by for the last time; only then does a person realize the full value of the work which has been done."

"The parents seemed elated with their Adult Education clasees and no doubt more will participate next year as news travels fast!"

"I was surprised at the number of children who came to school after "picking" all morning. This, to me, showed a real interest in learning or the want of a free dinner!"

"I shall never forget the joy I experienced the day ....came to me and asked for a push in the swing. He had never uttered a word in English for 3 weeks and suddenly he spoke one complete sentence! I hugged him with delight and saw the most beautiful smile come upon his face."

"I was very impressed with several families and found them to be desirable friends and neighbors. I often looked for an excuse to go to the camp as a visitor or friend. The many children who came to play on our yard and in our home were fine little friends for our children and also companions for me when I was busy with household tasks. Quite often the older school children needed someone to visit with or perhaps just a home to come into other than those of the camp."

MIGRANT COMMENTS

"We are so grateful. For many years no one did anything for our children, and now the school. We appreciate it all! Thank you for my people"

"I learn to speak English. You are so good to help us. I want everyone to know how much it means to us."

"The visitation program--we like the families that come to see us."

"They explained the meaning of the flag. Most of us didn't know anything about it."

"When I told them all the things you did for us, no one believed me, so I told them you no believe me, come see for yourself. They did."

"I think (thank) you for give me the best of luck so long for to night. I will do my busy (best) to learn so by-by because it is lat (late) to night I will be good--take care of your self God bless you for all." (By letter)

"You do so much for us--you fix my children's teeth--the school, it so great. We like it here. We come back next year--the school makes up for the poor housing."

"They showed us pictures of beautiful housing in Texas. We had much work to do when we got here to clean the camp. The school makes up for everything. We come back next year."

"You are the very best teacher I've had in all my life." (By letter.)

"I'll tell my friends in Texas all about you and your kindness. I'll never forget you as long as I live."

"I wish we could be living here in Iowa........because you all have been so nice to us."

"I was unhappy with pay scale when I came, but school makes up for all."

"I only made 50¢ an hour working beets. I came with $300. Nothing left. But school is good. I come back next year and do beans. Make more money in beans."

EARNINGS OF MIGRANTS

Very little actual information is known about the contracting procedure followed in the employment of migrants. However, there is some definite information known about the proposed wages in the sugar beet industry. However, it remains for definition as to what constitutes a very clean field and the rate therefore paid. The following information was supplied by the American Crystal Sugar Beet Co. at Mason City, Iowa.

Ten years ago the average work load was 5 acres per worker. It is now approximately 15 acres per worker.

There are two rates of payment in this area:
$13.00 for thinning and the 1st weeding. $8.00 for each additional weeding. (for fields mechanically thinned and clean)
$15.75 for thinning and 1st weeding plus $8.00 for an additional weeding for fields not clean.

Rate in 1955:
$26.00 per acre less $3.00 recruitment expense. The migrant was under agreement with farmer to stay until August 1, and to leave fields clean. Now migrants may finish earlier and take on additional supplemental work such as weeding soybeans.

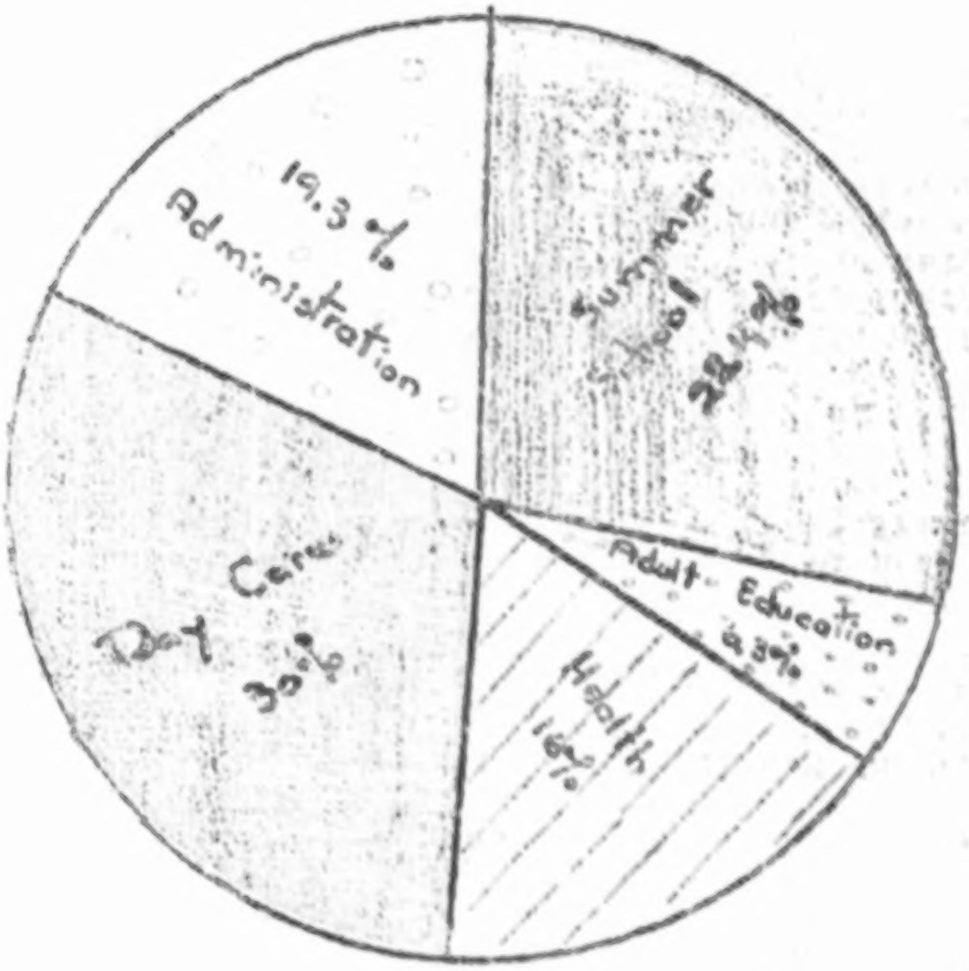
Migrants do not sign a written contract--they have a verbal agreement with the farmer and refer to it as contract with farmer. They are supposed to stay til August 1, however may leave earlier.

New this year:
American Crystal Sugar Co. pays for insurance on car (liability and property damage) while families are on way here from Texas and back to Texas. Not from here to another job.
Each worker gets travel allowance of $17.00.
Each worker also gets loan of $8.00 for food til first pay.
Old labor may get additional loans if needed (car repair etc.)

Farmer is charged $1.75 per acre by Sugar Co. toward expense of recruiting labor. Sugar Co. assumes the balance.

Rates of payment to migrants in other industry is either by the acre or by the hour. If by the hour, the general rate is $1.25 per hour per adult male with no rest stops. In one area, migrants are issued stamp books redeemable for food at local grocery stores in lieu of cash for a part of their wages.

How The MAP Dollar Is Spent



WORKSHOP FOR STAFFS OF MIGRANT PROGRAMS

June 9, 10, 11, 1966 - Iowa State University, Ames, Iowa

Agenda

> "The migrant child lives in a world few teachers know intimately. Before attempting to teach him, it is necessary to know not only his way of life, but to understand the problems created by this life and to learn how he thinks and feels about himself and others."
>
> Knowing and Teaching the Migrant Child, Elizabeth Sutton

Thursday morning

Understanding family and cultural background, migrants' attitude toward education, and reasons individuals are caught in the poverty cycle. Influence of these three aspects on the child.

Thursday afternoon

Participants investigating their feelings and attitudes toward migrant children through group discussions and films.

Thursday evening

Group discussions

Friday morning and afternoon

Observation at Nursery School Laboratory.
Importance of teaching communicative skills.
Techniques in teaching these skills.

> "Migrant children need the same proficiencies and skills as all American children. But, because their life pattern varies and their school experiences are irregular, there are some skills to which schools must give priority. The fundamental skills of literacy are so important that teachers receiving these children at any grade level should give them the basic reading competencies, fundamental number concepts, and speaking and writing proficiencies."
>
> -Sutton

Friday evening

Group discussions

Saturday morning

Teaching the importance of sanitation with emphasis on prophylaxis rather than treatment of sickness and dental caries. - Public Health Service Films

History of Migrant Legislation.

RESOURCE PEOPLE

Dr. Joe Frost - Asst. Prof., I.S.U. - Child Development - Elementary Education
Experience in directing and teaching a school for migrant children in Arkansas. Doctoral dissertation on the education of the disadvantaged child.

Dr. Charlyce King - Assoc. Prof., I.S.U. - Child Development
Broad experiences in family life education including high school and college teaching. Counseling experiences.

Sociologist - I.S.U.
Background in urban sociology with special competencies regarding poverty.

Esther Huseman - Regional Consultant, Migrant Health Program
U. S. Department of Health, Education, and Welfare - Kansas City

William H. Henderson - Economic Opportunity Coordinator, Regional Office
U. S. Department of Health, Education, and Welfare - Kansas City

DIRECTORS OF WORKSHOPS

Edythe Ray - I.S.U., Extension Specialist, Human Development and Family Relations

Russ Mahan - I.S.U., Extension Specialist, Human Development and Family Relations

Judy Schomberg - I.S.U., Extension Specialist, Human Development and Family Relations

Program sponsored by I.S.U. Cooperative Extension Service, Child Development Department, Iowa State University, and Iowa Department of Social Welfare

MIGRANT ACTION PROGRAM

Follow-up Orientation

July 9, 1966

Mason City, Iowa

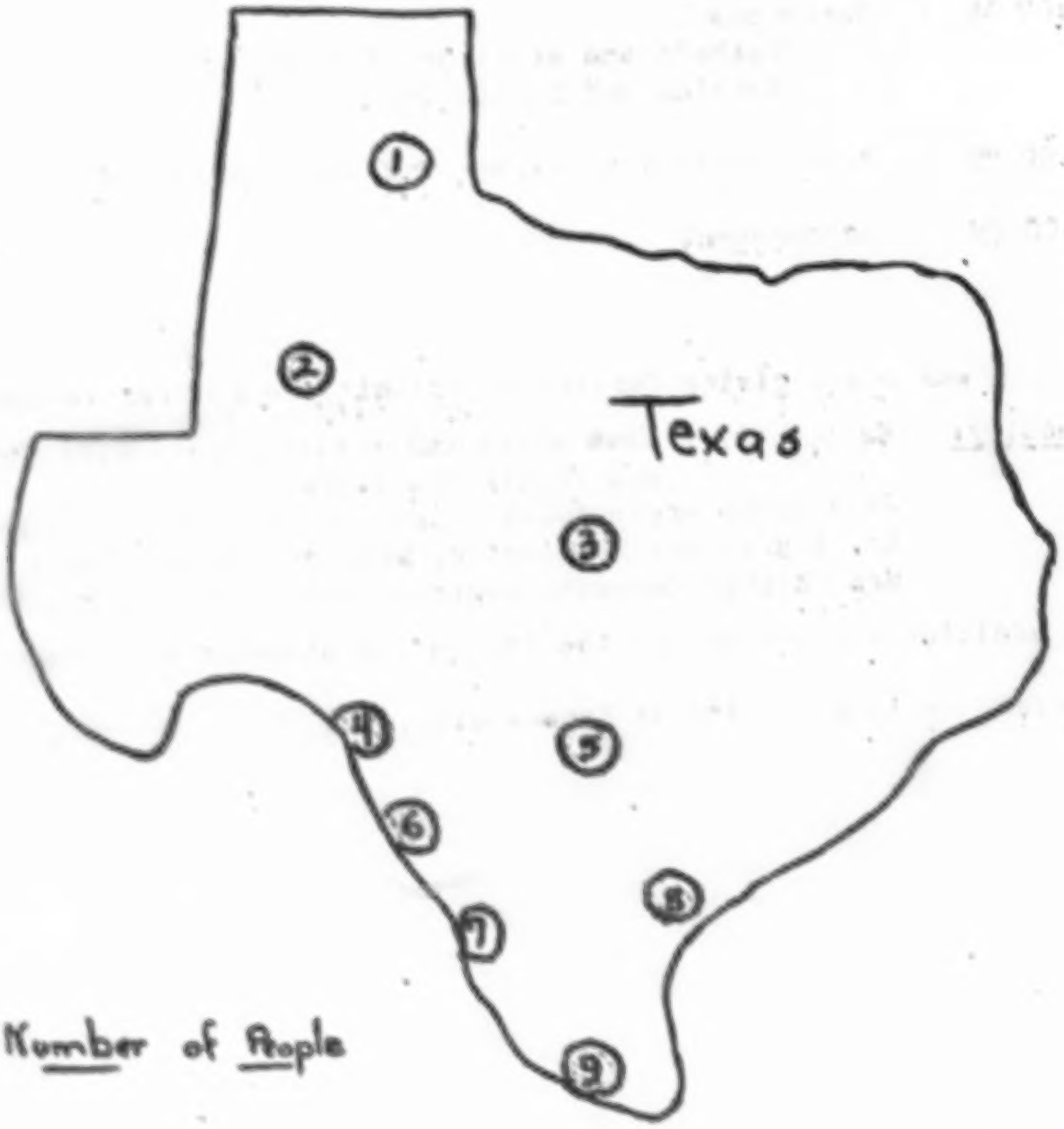
9:00 AM	Basic Needs of the Latin Child Mr. and Mrs. Roy Pennington Teachers in Special 6 month Migrant Project McAllen, Texas
10:00 AM	Workshops Methods and attitude of education Nursing and Sanitation
1:00 PM	Round table discussions and question period
4:00 PM	Adjournment

July 8 was spent giving faculty opportunity to observe in Centers.

Faculty: Edythe May - Iowa State University, Specialist Human Development and Family Relations
Judy Schomberg - I.S.U., Specialist Human Development
Mr. & Mrs. Roy Pennington, McAllen, Texas, Texas Education agency
Mrs. Esther Huseman, Regional Consultant, Migrant Health Program

In addition two nurses and the sanitarian attended a Migrant Health Conference in May, 1966 at Kansas City, Mo.

Home Base Of Migrants
in
Migrant Action Program
1966



Location & Number of People

1. Memphis - 11
2. Lamesa - 11
3. Lampasas, San Saba, Lameta- 28
4. Del Rio, Rock Springs - 70
5. San Antonio, Hondo, Macdona, Karnes City - 159
6. Eagle Pass, Crystal City, Ca
   Springs - 73
7. Laredo - 32
8. Corpus Christi, Mathis, Col
9. McAllen, Pharr, Alamo, Mis
10. Texas - Address unknow
11. Othe. States - 68

MIGRANT ACTION PROGRAM

Mason City, Iowa

TRAVEL PATTERNS FROM IOWA

Next destination	Number of persons
Texas	213
Wisconsin	101
Michigan	55
Illinois	50
Minnesota	45
Indiana	18
Oklahoma	11
California	4
Unknown	9
Migrating within Iowa or attempting to settle in Iowa	110
TOTAL	616

MIGRANT ACTION PROGRAM

PAID AND PROFESSIONAL STAFF - SUMMER 1966

Director	Mrs. Richard Sandage
Interpretor and Assistant	Paul Espinosa, Jr. (Blackie)
Secretary-Bookkeeper	Mrs. F. E. McDonald
Social Worker	Mary Ellen Swanson
Activity-Coordinator	Tom Fremgord
Nurse	Mrs. James Dahlby
Nurse, Health Educator	Mrs. William Layton
Nurse, Health Educator	Mrs. Ronald Schildroth
Sanitarian	Steve Sawin
Principal (½ time)	Kenneth Stoakes
Teacher, Day Care	Norma Berg
Teacher, Day Care	Mrs. W. B. Colville
Teacher, Day Care	Mrs. Mark Mason
Teacher, Day Care	Mrs. Donald Peters
Teacher, Day Care	Mrs. Tom Sawyer
Teacher, Day Care	Mrs. M. Schildroth
Teacher, Day Care	Mrs. J. G. Krebsbach
Teacher, Summer School	Mrs. Robert Brandt
Teacher, Summer School	Mrs. Manly Klinger
Teacher, Summer School	Mrs. Paul McDermott
Teacher, Summer School	Mrs. Iva McDonough
Teacher, Summer School	Mrs. Lee Peterson
Teacher, Summer School	Mrs. John Kiekena
Teacher, Summer School	Donald Sims
Teacher, Summer School	Darwyn Winke
Teacher, Summer School	Mrs. Don Boyer
Teacher, Adult School	Mrs. Vaughn Solberg
Teacher, Adult School	Mary Ellen Sawnson
Teacher, Adult School	J. D. Farrer
Coach, Little League Ball	Blackie Espinosa
Aid	Dahlia Guerra
Aid	Angela Guzman
Aid	Irene Guzman
Aid	Elida Hinajosa
Aid	Margaret Lazalde
Aid	Esperanza Mendoza
Aid	Odelia Mendoza
Aid	Eugine Mullen
Aid	Deborah Nelson
Aid	Berenice Pippert
Aid	Nestora Rodriquez
Aid	Edna Seim
Volunteer Social Worker	Mrs. L. W. Kirkham
Volunteer Interpretor	Mrs. Elmer Long
Volunteer Coordinator, cooks	Mrs. Eno Stork
Volunteer Coordinator, cooks	Mrs. Louie Stoyohamn
Volunteer Coordinator, Adult Program	Mrs. James Hanley
Volunteer Coordinator, Scout Program	Mrs. Joseph Simon

TYPES AND NUMBER OF ADMINISTRATIVE CONTACTS BY PROJECT DIRECTOR
April 25, 1966 to September 24, 1966

Migrants:		
(either in groups or individually)		
At Camp:	50	
Other:	70	
		120
Counseling Sessions with Staff:		
Interpreter	32	
Principal	14	
Social Worker	29	
Nurses	43	
Activity-Coordinator	23	
Sanitarian	17	
Teachers	108	
Full Staff	7	
		273
Others:		
Board Members	32	
Growers	17	
Dept. of Health & PHS	29	
Physicians and Dentists	27	
Dept. of Social Welfare-State & local	29	
Iowa Employment Security Commission	10	
Local School Districts	22	
Iowa State Dept. of Public Instruction	4	
Neighborhood Youth Center Supervisor	13	
MDTA State Office	5	
Attorney-General-State	1	
Governor State of Iowa	1	
Iowa State University	8	
Texas Education Agency Personnel	5	
Federal/State/Local OEO	43	
Other State OEO	2	
Migrants, Inc. Minnesota	9	
Migrant Health Project-Minnesota	4	
Y.W.C.A.	6	
Girl Scouts	13	
North Iowa Area Community College	7	
Pilot Club	3	
League of Women Voters	12	
United Church Women/Iowa Council of Churches	8	
Local Church Groups	47	
Job Corps	3	
Crippled Children's Center	2	
Young Republicans	2	
Community Action Program, Inc. Tama	2	
		366
TOTAL ADMINISTRATIVE CONTACTS		759

MAP

MIGRANT ACTION PROGRAM

Box 717
MASON CITY, IOWA 50401

Project Summary

The MAP Corporation (Migrant Action Program) is a private non-profit corporation, incorporated under the laws of Iowa on April 10, 1965 for the purposes of operating and maintaining an educational, health, and social program for migratory children and adults who come temporarily into North Iowa each summer to work in the vegetable, beet, and nursery fields.

The corporation is governed by an area Board of Directors of 18 persons, four of whom are migrants. Elections are held annually during the month of October at public meetings.

Financial support for the project has come from private and governmental sources, the largest single source being from two Federal Grants made possible under the Migrant Health Act and the Equal Opportunity Act, Title III-B.

The year 1966 was the first year funds were made available for a specific health project under the Department of Health, Education, and Welfare. On April 5, Public Health Service approved Grant #MG-116A in the amount of $7,740 with an additional lapse factor which would make a total of $8,652 available to the project.

The grant allowed for the employment of one full-time nurse, one full-time sanitarian, and one part-time secretary and one part-time interpretor. The project-director was available through OEO funds and agreed to serve the migrant health project the first year on a volunteer basis to coordinate the efforts and funds of both projects to insure maximum effort and effectiveness of both programs. In addition, during the development of the project a social worker was available on a volunteer basis. Later a Social Worker was made available to the project through the Iowa State Department of Social Welfare which provided salary and expense money. Direction to the work of this person was given by the Project Director.

The total program for the benefit of these migratory families this year was far more successful than previous programs because of the addition of these funds, and because of increased community understanding and involvement. Services offered were far superior to any the community could have developed without this support. As this report will reflect, a coordinated effort through effective use of the services provided by both grants and greater understanding and involvement of community groups and agencies plus increased understanding of the migrants themselves all blended together to provide a comprehensive and broad attack on the problems of poverty that are an everyday fact of life for these migrant children and adults.

In total 616 domestic agricultural migrant people received services of some type. For the most part these are Mexican American families with a home base located in the State of Texas.

- Day Care
- Summer School
- Adult Education
- Social Activities
- Health Services
- Social Services

Kinds of services provided were family clinics, nursing care in camps, remedial dental care for children and emergency care for adults, audiometer testing, eye care, Mantoux testing in camps, health education and sanitation and social case work. Camps and schools alike were visited on a regularly scheduled basis to determine health needs, give consultation and to arrange for additional care when needed. Referrals were also made to other States and the purpose and importance of the Personal Health Records (PHS-3652) stressed.

Interpretation of the project was presented to many civic, religious and professional groups as well as to the growers.

The opening section of this annual report will focus on the actions and activities of the Migrant Action Program in achieving the objectives of the project and to assess the manner and degree to which these objectives are being met. The remaining sections will deal with recommendations for identifying the needs of these migrant families that are as yet unmet or incompletely met and to set priorities among these unmet needs. We will consider avenues to upgrade our project with programs that seek ways to resolve these individual needs and to bridge the boundaries of State borders with a coordinating device giving a common focus and direction with effective reinforcement and referral.

MIGRANT HEALTH PROJECT

ANNUAL PROGRESS REPORT

Part I - General Data

1. Title of Project
Health Services for Migrant Families in the North Iowa Area

2. Grant Number
MG-116A (66)

3. Project Director
Mrs. Richard E. Sandage

4. Dates Covered by Report
April 5, 1966 - September 30, 1966

5. Grantee Organization - Name, Address
Migrant Action Program
Box 717
Mason City, Iowa 50401

6. If medical or dental clinics travel, or are held in more than one location, name location covered by this report.
6 locations - see Objective #1

7. Scope and Type of Services Provided (enter number of counties from which migrants served in project area)

	Number of Counties
a. Medical care	6
b. Dental care	6
c. Nursing care	6
d. Sanitation service	9
e. Health education	6
f. Other - School	6
Social	9

8. Population Date - Summary (for a. and b. use date relevant to dates covered by report)

	Number
a. Total pop. in project area	177,919
b. Total seasonal agric. workers *	178
c. Total migrants	616
(1) Home-base (out-migrants)	none
(2) In-migrants - total	616
(a) Intrastate	68
(b) Interstate	548

9. Migrants in Project Area by Month

Month	Total Migrants	I n-Migrants	Seasonal Workers
Jan			
Feb			
Mar	60	42	16
Apr	105	87	16
May	412	390	22
Jun	597	575	22
Jul	506 +9-100	484	22
Aug	506	484	22
Sep	212	201	11
Oct			
Nov			
Dec			

10. Age and Sex of migrants

	Male	Female
a. Total	316	300
b. Under 15	145	130
c. 15-64	166	169
d. 65 and over	5	1

11. Lilving arrangements during season

	Camps	Farms	Other
Total locations	15	10	9
No. of single workers	8	3	0
No. of families	72	25	10
No. of migrants in families	394	144	67

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* Includes local youth employed in fields on a peak day. Turnover is so heavy that accurate count of individuals is not possible. Three growers used approximately 110 youth per day to supplement migrant help.

MIGRANT ACTION PROGRAM

Migrant Health Project Report

Grant Number MG116A

PROJECT OBJECTIVES

To allow for the augmation of existing nursing and sanitation services for migrant families byproviding;

a. Family clinic services in at least one location in the area served.

b. To arrange hospital services within the provision of the act as needed by the migrant.

c. Dental examinations as part of the school physical for all children and emergency care for adults.

d. Expanded Public Health Nursing and Sanitation service.

(This Project has been supported by the United States Public Health Service Migrant Health Grant 116A (66).

OBJECTIVE #1

Family clinic services in at least one location in the area served:

This plan originally called for a maximum of twenty-eight (28) clinic hours to be divided into 2 hour sessions to which all migrants in need of clinic services would go. However, it was stated that if it became possible and appropriate to establish clinic locations in more than one area, this would be done; anticipating no increase in total number of clinic hours.

As has been previously stated, the area served by this project was considerably increased in order to provide services for additional migrants who were to be in the area. The area served by the project extended 100 miles to the south and nearly the same amount to the North. To meet this additional need, clinic services were contracted for in the following areas:

Reinbeck	2 paid	2 volunteer
Latimer	9 paid	2 volunteer
Buffalo Center	3 paid	1 volunteer
Manly	5 paid	0 volunteer
Clear Lake	3 paid	0 volunteer
Northwood	1 paid	0 volunteer

Total number of clinic sessions - 28. Of these 5 were provided free of charge primarily for the purpose of giving school physical examinations to the children. Total number of clinic hours by session would be 56 hours. The amount of funds expended for the total number of clinics did not exceed the amount in the approved budget. The number of people who were served at one of these clinics would be 211 plus the children who were served at one of the free sessions.

In every case, the physicians preferred to conduct the clinics in their own offices, using their own personnel. However, one of the physicians did conduct one session at the school in order to administer 2nd shots before some of the families left the area. This person was highly dedicated and concerned and made this arrangement on her own initiative to insure maximum service was given before the children moved on with their families.

Biologicals for immunizations were supplied by the Iowa State Department of Health for the most part. One of the project nurses was present at all of the clinics to serve in a liason capacity between the physician and the patients. She also assisted in examinations and did follow-up consultation as needed. In one area, the physician preferred to administer the Mantoux tests. However, in the remaining areas the project nurse assisted and supervised by an RN from the Iowa State TB Association gave the tests in the camps and was responsible for the follow-up reading. The X-rays necessary were, for the most part, provided through the use of the State Department of Health Mobile unit. A total of 216 persons were given the Mantoux test with 66 positive reactors.

A more detailed discussion of the services provided and the activities carried out in relationship to the family health clinics will be given in the reports of the nurses which are provided in support of Objective d-Expanded Public Health Nursing and Sanitation service.

NUMBER OF PERSONS REFERRED BY PHN'S TO CLINICS OR OTHER SOURCES OF SERVICE

Problem	No. of Ref.	Sex	Age 0-15	Age 15-44	Age 45 & over
General Health Physical	60	M	22	5	4
		F	16	12	1
Dental	39	M	21		1
		F	14	3	
Antepartal	11	F		11	
Postpartal	2	F		2	
Birth Control	6	F		6	
Cardiovascular	6	M	1		2
		F	3		
Obesity	3	F		2	1
Stomach Disorders	4	M	1		
		F	1	2	
Surgery	6	M	4		
		F			2
Tuberculosis	1	M			1
Emergencies	6	M	3		
		F	3		
Diabetes	5	M		1	1
		F		3	
X-ray	8	F		2	
		M		3	3
Leg Pains-Veins	5	F		2	3
Optometrist	8	M	2		
		F		5	1
Upper Respiratory-Bronchitis	8	M	2		
		F	2	4	
Abrasions-Sores	8	M	2		
		F	6		
High Blood Pressure	2	M		1	
		F		1	
Post Polio	1	M	1		
Pain Shoulder/Chest	1	M			1
Skin Condition-rash	10	M	2		
		F	4	4	
Convulsions	1	M	1		
Gallbladder	1	F			1
Eye, Ear, Nose, Throat	11	M	7		1
		F	2	1	
Kidney	2	M		1	
		F	1		
Backpain	1	F		1	
Communicable Disease	2	M	1		
		F	1		

EXAMPLES OF PERSONS REFERRED TO FAMILY CLINICS OR TO OTHER SOURCES OF SERVICE BY CONDITION, TYPE OF SERVICE NEEDED, SEX, AND AGE GROUP

AREA A

Sex	Age	Condition	Service Given
M	62	Pain and discomfort in legs	No treatment indicated - advised
M	60	Pains in extremeties	Medication prescribed
M	58	Diabetes	Medication prescribed Instruction regarding diet and checking urine
F	57	Biceptal Tendonities	Medication given intramuscularly
F	57	Hearing problem	Referred to E.E.N.T. specialist
F	51	Mass of abnormal tissue in right chest region (not definitely diagnosed)	Referred to University Hospital, Iowa City. Nurse called Winnebago County Welfare Office to make arrangements and informed the family to go to that office to make application - pending at this time.
M	49	Hypertension - Pain in legs	Medications prescribed
F	48	Pain and itching in legs	Medication prescribed
F	47	Shoulder Pain	No treatment indicated - advised
M	42	Bronchites and Asthma	Medications prescribed Returned to clinics several times
M	40	Diabetes	Medication prescribed Instructions given regarding diet and urine checking
F	32	Facial skin irritation	Medication prescribed
F	23	Skin irritation from sun	Advised regarding protecting skin
F	21	Same as above plus warts	Same as above - medication for wa
M	12	Earache	Drops to put in ears
M	10	Penal adhesions	Adhesions released
F	10	Stomach upset	No treatment indicated - advised
F	8	Poison Ivy	Medication prescribed - advised
F	4	Poison Ivy	Medication prescribed
M	8	Upper respiratory	Medication prescribed
M	6	Otites Media - post measles Extremely low homoglobin	Medications prescribed including iron medication

Sex	Age	Condition	Service Given
M	4	Otites Media - post measles low homoglobin	Medications prescribed including iron medication.
F	1½	Child Health Supervision	Physical examination Smallpox vaccination
M	1	Enternites	Medication prescribed Physical Examination
F	1	Child Health Supervision	Physical examination Immunizations started
M	4	Sore with infection on heel	Cleansed & dressed - antibiotic ointment prescribed
F	10	Infection around nail of large toe	Same as above
M	3	Chronic upper respiratory infection - low homoglobin	Physical examination - given iron medication. Advised on need for having blood checked again soon. (family leaving) Immunizations started - instructed on need for completion. Referral made to Texas Dept. of Health and to place of next employment.
AREA B			
M	49	Suspected ulcer - pain	Referred to Mason City Radiologist for X-ray because he wasn responding to Rx. Result: Neg. Advised as to diet and given further medication.
M	9	Heart Murmur	Referred & transported to State Services for Crippled Children's Clinic in M.C. Result: Function
M	3	Flattened Arches Pronated ankles	Provided with correction shoes
F	44	Birth Control Information	Advised - prescription given
M	26	Heart	Not presently dangerous - Advise to avoid sore throat and high temperature.
M	8	Upward Eye deviation	Referred to ophthalmologist - Arrangements made to provide service through local service cl Left before seen. Family took responsibility for examination a next stop and wrote back results Surgery not needed. Given advic
M	10	Poor sight	Referred to optometrist. Glasse provided by local service club.

Sex	Age	Condition	Service Given
F	10	Sore Eyes and poor sight	Referred to optometrist - glasses not now needed. Further check requested next year.
F	10	Poor sight	Referred to optometrist. Glasses provided by local service club.
F	19	Physical examination for entrance into Job Crops	Application filled out.
M	71	Constant aching teeth	Referred to Dentist with recommendation for extraction of all teeth.
F	63	Bladder	Surgery preformed 9/19/66 -Bladder repair,partial hysterectomy. Welfare assumed cost.
AREA C			
F	17	Physical Check-up Birth Control Information	Post Natal Service Prescription given
F	1 mo	Check-up	Started on immunizations
M	4	Tachycardia found during routine physical	Referred to Cardiac Clinic Limited exercise recommended
M	2	Eye deviation	Nothing indicated at this time. Has been seen by Dr. in Texas. Might indicated surjury in future.
F	11	Lesions on nose	Medication given
F	43	Obesity	Medication given - Referred for consultation to dietician. Nurse made arrangements and advice given.
F		Teeth	Referred to Dentist - Migrant took responsibility - Outcome not known.
M	4	Chickenpox lesions	Advice given
F	18	Severe Abdominal pain	Referred to another physician for consultation. Unimproved. Had surjury for reptured ovarian cyst.
F	26	Birthcontrol Information	Prescription given General physical examination given.
F	12	Toothache	Extraction indicated - referred to Dentist. Work completed

Sex	Age	Condition	Service Given
M	62	Old Tubercular	Arranged for X-Ray through TB Association - Negative
F	19	Fertility	Advice given to couple
M	4	Constipation	Referred for service to Nurse Advice given on diet
F	19	Prenatal	Advice given, physical
F		Shoulder Pain	Referred for X-Ray
F	12	Injured fingers	Recommended hot soaks
F	7	Injured foot	Treated and dressed
F	44	Postnatal	Check-up
F	15	Postnatal, Birthcontrol Information	INH Prescribed , advice given
F	44	Prenatal	3+ Sugar- Referred to hospital for glucose tol. test - negative
F	10	Physical and booster shots	Given
F	2mo.	Feeding Problem	Large lymph nodes - regular schedule recommended Referred to hospital for blood work. Vomiting continued with resp. difficulty. Referred to Iowa State University Hospital. Became acutely ill and taken to Iowa City middle of night with pneumonia. Recovered
M	2	Referred from Dept. of Social Welfare	Surgery indicated on parathyroid. Referred to Iowa City. Transported, but Mother refused to give consent for surjery because of previous experiences. Referral to Texas.

In additional to the above conditions, a few of which were referred elsewhere, perhaps the most serious condition picked up at the school examination clinics was that of a little six year old girl who was found to have a systolic heart murmur. She was referred to the Iowa Crippled Children Services Clinic on 7/14/66 where she was seen by a cardialogist, who diagnosed it as a congenital condition and advised an annual x-ray and electrocardiogram. Since the mother has no understanding of the English language and our staff interpretor was unavailable at that time, it was necessary to have an interpreter from the camp accompany the nurse, the mother, and the child. It was a most gratifying experience to observe the interest of both the doctor and the interpreter in helping this mother to under her child's condition and the need for close supervision. A report of this examination was also sent to the Texas State Health Department for follow-up care.

A 10 year old girl with a congenital absence of the left ear and poor vision in her left eye was also referred to a E.E.N.T. specialist through funds provided by a local agency. Here it was determined that since she has fairly good hearing in her right ear, corrective surgery is not indicated at this time and glasses would not appreciably improve her vision. Another 13 year old boy is being referred to the Iowa Crippled Children Service E.N.T. clinic to be held in September for a hearing loss in his right ear. Since his family remain in Iowa until about November and he starts to school in the area, a report will be sent to the school nurse in the locality. A 10 year old girl with no apparent vision in her right eye was examined by a local optomotrist through funds made available by a local service club. She has been referred to the Iowa Crippled Children's Services Clinic.

It is impossible to include a complete listing of all individuals seen at the clinics. These are, however, an example of different types of problems encountered and the outcome. Only one referral was received by this corporation from the State Health Department. This referral had been sent by the Texas State Health Department to the Maternal and Child Care Division of the Des Moines State Office. Follow-up was requested and returned to the Texas State Health Department. Included in this single request was information about two children.

A total of 15 Inter Agency Referral Forms were sent to the Texas State Department of Health Migrant Project for various reasons. In each case, a report was requested by the Nurse; however to date not any have been received. There were 153 health records of children sent to Texas and to the State of their next stop.

IMMUNIZATIONS COMPLETED

Type of Immunizations and Age Group	Number Immunized				
	Smallpox	Diphtheria	Pertussis	Tetanus	Polio
Basic Series-Total					
1. Under 1 year	6	6	6	6	4
2. 1-4 Years	28	29	27	29	23
3. 5-15 years	41	48	33	52	40
4. 15-71;years	10	36	2	36	17
Boosters and Revaccinations	13	37	28	39	54

There were also 4 children between 1-4 who recived measles vaccine and 16 children between 5-20 who received the measles vaccination.

All biologicals used in the program were furnished without charge by the Iowa State Department of Health.

NUMBER OF CALLS - EMERGENCY CARE

Condition	Area A	Area B	Area C	Male birth to 15	Female birth to 15	Male 16-44	Female 16-44	Male over 45	Female over 45
Earache	3	2		3					2
Sore throat	2				2				
Upper respiratory	2				1	1			
Post-measles	4			3	1				
Convulsions	2			2					
Concussion	1					1			
Sore on heel	1			1					
Impetigo	1				1				
Puncture wound or cut (tetamus shot)	3				3				
Lacerations	2		2	1	3				
Poison ivy	1				1				
Skin - fungus	1				1				
Diarrhea		1		1					
Battery acid in eye		1				1			
Chest XX-ray		1					1		
Stomach X-ray and fluoroscope		1						1	
Home visit			1			1			
Infant feeding problem			1	1					
Diabetes			1				1		
Abdominal pain			3				3		
Totals	23	6	8	12	13	4	5	1	2

July 22, 1966
Box 1525 E.S.S.
Lamesa, Texas

Dearest friend,

Here I am writing you this few lines just to say hello to you and family. I recived the dress Sunday. Thank you for sending it. Are you still going to send me the picture you said you were going to give me. Ive been missing you and everybody in school. I all ready finished the dress. David all ready went for a check up for these eyes and the doctor to him he didnt needed glasses. The doctor told him to put a patch on his eye that is good so he could us the eye that was not good. We put the patch everyday just for 30 minutes. The weather here is real dry it hasnt rain. And the there isnt to much work. Hector's been missing Debbie. He doesnt know who to plays with. He plays with his cousins but he starts to fight. David say he mist you too and everybody too. Well I guess these is all for today. Reguards to everybody in school from me and to you

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OBJECTIVE #2

To arrange hospital services within the provision of the act as needed by the migrant.

Although we were able to reach an agreement with a local hospital to provide a reduced rate for migrant persons hospitalized for treatment under the sponsorship of this project, the lack of appropriations by the United States Congress voided all hope of the realization of this objective.

All too often the patient was not able to be provided with more than make-shift care at the camp because of the inavailability of funds for hospitalization. The nurses did their best to seek other avenues of care and especially to provide transportation to the Iowa City University Hospital when that seemed the only solution to the problem.

In one instance, a child was taken to a hospital in the middle of the night with convulsions and high fever. The camp was located in one county and the hospital located in another. The Project Director was able to arrange with the Departments of Social Welfare in the two counties to jointly assume the cost of treatment.

In another case, a young man was hospitalized and required care of a longer duration that the Welfare Department Office felt it could assume. The local physician in the case then kept the boy at the hospital at his own expense.

However all the need for hospitalization was not adequately met. All too often the immediate emergency was met through emergency service, but the essential treatment to insure complete recovery was very doubtful. One man was taken to the hospital suffering from a coronary; four days later he was back working in the fields! He continued to suffer chest pain for many weeks; fortunately he appears to have survived the experience although for how long remains an unanswered question.

Of great concern to the migrant fathers is the need for adequate and proper care during pregancy and delivery for the mothers and infants. Through the utilization of the family health clinics the need for pre-natal care was met, however to receive service at the time of delivery without charge meant going to the State University of Iowa 150 miles away! Particularly to the first-time mothers, this was a frightening prospect as it meant going through the experience alone.

The cooperation of the various State and County agencies who are normally concerned with such problems was on the whole very good. As a rule, the fact that these people were not residents did not deter them from providing such service as they were able. However, the need for adequate hospitalization for migrants when needed was not met.

OBJECTIVE #3

Dental examinations as part of the school physical for all children and emergency care for adults.

The overall need for improved dental care and dental hygiene among the migrant children and adults is probably their number one common health problem!

Only in one Center were there few dental problems noted among the school-age children. However, this was the only center where pre-dental screening was done by the physician as a part of the regular school physical examination. The people who were working in this area came predominately from the San Antonio region of Texas.

For the most part, the children had large numbers of cavities at an early age. Early in the program, it became apparent that we would not have enough funds available in our budget to begin to meet the need. A request was made through appropriate channels to transfer funds from other categories to nearly double the amount available for the necessary remedial work needed by the children. This transfer was approved and allowed us to begin a comprehensive program of remedial dental care through the cooperation of many additional local dentists, the project nurses, and the project summer school and day care staffs.

It was not unusual to find very young children with as many as 10 to 12 severe caries that needed attention. In some cases, extraction was the only possible avenue of relief. One very pretty eleven year old female did benefit from two root canal fillings which were done by an oral surgeon at a greatly reduced rate than he normally charged for such work.

There were two frustrations to hamper the completely successful termination of remedial dental care for the children. The first was the lack of funds to provide routine cleaning of teeth. Without exception, the dentists commented that they had never seen children's teeth more in need of cleaning. In fact, in many cases dentists felt they were not able to do an accurate examination because of the need for cleaning. One of the participating dentists routinely X-rayed the children during examination to accurately detect caries. He did this at his own expense.

The second frustration was that the children often moved to another state before the work could be completed. Referrals were sent to the appropriate agencies, but it is not known whether follow-up was obtained. To the extent of the availability of funds, it was perhaps fortunate that all work was not completed. In September, the amount appropriated for dental care was depleted and it was again necessary to ask for a small additional transfer to complete the dental program. Included in this final asking was an amount necessary for the emergency extraction of teeth for a 67 year old man who was suffering pain and was referred to the dentist by the physician at the final family health clinic.

To coordinate the efforts of the clinic physicians and dentists, the nurses regularly visited the schools to assist the teachers in the establishing of regularly scheduled health classes. A tooth-brushing program was begun and health kits were distributed to each child. These included a toothbrush, tube of toothpaste, washcloth, towel, sturdy comb, and a bar of soap. The kits were donated by the churches and many came to us from other states. The children exhibited great pride in their ownership and seemed eager to cooperate in the program.

As a part of the school health program, all school age children received visual and audiometer screening. There were 13 referred for diagnosis or treatment with all completing. Where glasses were indicated, arrangements were made through local service clubs to provide them without cost to the migrants. The number referred for further diagnosis as a result of the audiometer screening was two with one completing and plans made for the other.

A total of eight health films were shown in the schools by the nurses with follow-up discussion the responsibility of the teacher. A real effort was made to make healthful living practices an area where the child could accept some responsibility on his own and develop an awareness that would carry over into the camp.

Likewise, information and referral on health matters was available to the adult migrants at the adult education classes. The staff social worker also taught a class in Conversational English--Words and Phrases, and so was able to counsel and do casework with the adult migrants both individually and collectively. Adult education classes met twice weekly and were well attended. Printed information and materials were sent home from the schools with the children to inform the migrants what types of discussions were scheduled. Several health films were shown to the adults, particularly at the school programs and in the camps.

In total, 13 dentists participated in the project completing work per the approved fee schedule for 31 children.

	No. of Exams	No. Needing Work Done	Extractions	Fillings & Crowns	Abscesses	Work Comp.
AREA A	49	29	15	102	7	28
AREA B	23	5	0	9	1	0
AREA C	49	6	5	1	0	3
TOTALS	121	40	20	112	8	31

OBJECTIVE #4

Expanded Public Health Nursing and Sanitation Service.

The amount of growth of size, scope, service and community support for this project has been phenomenal in the past two years. The initial support from governmental sources came last year with the passage of the Equal Opportunity Act. An initial grant of $23,817 was made to provide Day Care, Summer School, and Health and Sanitation services.

The activity of this grant centered around 3 school centers. (Two of these centers were combined into one this year and two additimnal new centers were added.) Migrants residing in four counties received services from this initial grant; involving approximately 250 persons.

It soon developed the most obvious unmet need was for real diagnostic and treatment service. The families were sincerely appreciative of the visits of the Nurse, but seldom had the resources to secure the follow-up medical treatment that was indicated. Other than in cases of emergency, rarely did a family seek medical advice; preventive medicene is pure luxury they could not afford--or so it seemed to them.

Where the need was great and obvious, the nurse was generally able to refer the migrant to an agency that could provide limited service. The most dramatic service provided was physical therapy to a young migrant male who had previously been unable to walk and had spent his life crawling about on the ground.

Generally, however, medical treatment was almost completely lacking, even to such life-saving needs as insulin for a diabetic woman who was a double amputee.

Realizing that a comprehensive health program was the number one unmet need, plans were made and contracts initiated to qualify the project for a grant from the Public Health Service through the Migrant Health Act.

The approval of this grant has made possible such a program. From one visiting nurse and one part-time sanitarian last year, the project has grown to its present proportions. For the first time we are now able to offer medical and dental services. Camps are visited regularly by both the nurses and the sanitarian.

Because a sanitarian was available last year only on a part-time basis to do a survey of the camps, very little was actually accomplished in this field. During the winter months, farmers were contacted with recommendations for improving the camp sites.
In several instances they responded very well by providing additional refrigerating units, screening windows, and general clean-up.
One grower responded by applying paneling to the walls of his units and having professional painters apply fresh coats of paint inside and out.

Another grower did the most expedious thing possible under the cir-

circumstance by not housing migrants on his property at all this year.

In one large camp area, the management built a new shower and dressing area and installed large commercial hot-water heaters. New screen windows and doors were installed and new mattresses purchased for the beds. Additional gravel was applied to the roadways and new privies built. Although this was certainly a big improvement, there are still some areas that need attention.

It remained for the women however to do what they were able to improve their campsites with whatever ingenuity they possessed. In this area, the nurses were able to be helpful as was the sanitarian himself. It was quite obvious at one camp that the migrant mother was well-impressed with the Public Health Service film KEEP CLEAN-STAY WELL. She took particular pride in telling the project director of her concern with keeping her family healthy and the things they had done themselves to improve and clean the camp site. She also told of never going to bed at night without doing her dishes and how she made certain her food was safely and properly stored.

This woman also told the story however of the pictures of the beautiful housing they had been shown in Texas when they had contracted with the recruiter to come to Iowa. Without funds, they had no alternative but to stay and work.

One family this summer was finally able to say "No" to poor housing. Pulling into the farmer's yard on a Sunday afternoon, the director and the *interpreter found a group of silent and sullen migrants* facing an equally silent grower. After visiting with the group for several minutes, the migrants engaged in the following conversation.

"We're not going to stay here. Just look at that place. You wouldn't keep hogs in that place, and we're not going to live their either! We want a place to shower and clean up when we come in from the fields at night. We won't stay here."

Repeating the conversation to the grower found a puzzled man. Never before had a migrant family refused to stay because of poor housing. The director observed that she wouldn't want to live in such housing either and the farmer looked at it (probably really looked for the first time in his life) and said, "You know, I wouldn't either."

Suggestion was made that these were obviously good strong workers and perhaps it would be possible to find better housing to rent in town. Ultimately the grower did rent additional housing in town for a family, but also housed another family who came along in the unit that had been refused. He is now aware however, that migrants are just like other people and will go to work where the conditions are best for themselves and for their families. Increased understanding of the benefits of a program such as the Migrant Action Programs is becoming a reality.

Field staff's weeks - Anticipated and Actual *

	May					June				July				August					September			
	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26
Nurse - Area A							x	x	x	x	x	x	x	x								
		-v			-v	-v	-	-	-	-	-	-	-	-				-	-	-	-	
Nurse - Area B							x	x	x	x	x	x	x	x								
							-	-	-	-	-	-	-	-	-							
Nurse - Area C		x	x	x	x	x	x	x	x													
	-	-	-	-	-	-	-	-	-	-												
Sanitarian							x	x	x	x	x	x	x	x								
		-v					-	-	-	-	-	-	-	-								

*Key x x x x x anticipated work weeks Total 24
- - - - - actual work weeks Total 43 (including part-weeks)
v volunteer activity

NUMBER OF FAMILIES VISITED IN CAMP BY PURPOSE OF VISIT

Purpose of Visit	Nurse A	Nurse B	Nurse C	Total Visits
Admission to Service (first visit)	35	22	18	75
Deliver Individual Health Records	50	27	18	95
Dental Work	28	11	20	59
Immunizations	10	4	21	35
Postpartal			3	3
Antepartal	17	3	6	26
Communicable Diseases	7	5	4	16
Arranging Clinic Visit	13	2	48	63
Birth Control Information			5	5
Cardiovascular	4	3	2	9
Diet-weight control	1		4	5
Diabetes	5		2	7
Stomach Disorders	3	2	2	7
Surgery	7		1	8
Eye, Ear, Nose, Throat	31	33	3	67
Tuberculosis	2	1		3
Emergencies	3	1	5	9
General Health Supervision	44	66	11	121
Abrasions - Sores	19	5		24
Pre-School histories	13			13
Leg Pains & Vein Problems	7			7
X-ray	3			3
Penal Adhesions	2	1		3
Hospitalization	3			3
Bronchitis & Upper Respritory	7	4		11
High Blood Pressure	2			2
Post Polio	2			2
Skin & Rash Problems	14	8	3	25

Number of Families Visited in Camp By Purpose of Visit - Continued.

Purpose of Visit	Nurse A	Nurse B	Nurse C	Total Visits
Convulsions	1			1
Gallbladder	1			1
Wasserman Test		2		2
Rheumatism/Arthritis	1	4		5
Kidney Infection		6	1	7
TOTAL NUMBERS OF VISITS	335	210	177	722

Descrepancies between total visits and weekly visits will be dual purpose of visits.

NUMBER OF WEEKLY FAMILY VISITS

May 1			10	10
May 8			10	10
May 15			23	23
May 22			5	5
May 29	21		14	35
June 5	10		15	25
June 12	23	22	14	59
June 19	20	15	8	43
June 26	12	10	16	38
July 3	15	10		25
July 10	27	14		41
July 17	23	8		31
July 24	15	6		22
July 31		4		4
August 6		10		10
August 29	11			11
September 5	4			4
September 12	13			13
September 19	17			17

"When are you coming again?" is the question invariably asked by one 11 year old girl in one of the large camps visited regularly this summer by a project nurse.

While the nurse was delighted to be so warmly welcomed, she was also sad that this child was unable to attend the summer school program with the other boys and girls her age. She had to remain in camp to baby-sit her little year old sister, as well as two other toddler because their mothers worked in the fields and the infants were too young to be cared for at the center. The laws of Iowa do not allow for group care of infants under the age of two years at the present time.

Although the little girl did her best to care for these three little children all day, she of course could not possibly provide proper care for this many infants at one time. Even caring for one sibling would not have been a good situation.

The nurse talked to her many times about the daily routine of the children, including their diet as she was responsible for giving them their noon lunch. But, just a child herself, she had the responsibilities of an adult toward those children for many hours of the day. And of course, the inevitable happened one day when one of the children fell down a flight of stairs and was quite bruised and shakened.

The bright spot in the week for this child was the program planned with and by the Girl Scouts of America for the migrant girls. The troop of Junior Girls met once a week in the camp with a program of recreation and crafts. For this little girl, it made all else endurable! Later on the troop had the opportunity to visit the Girl Scout Camp for day long trips on two seperate occasions and the girls made sure that this child was able to participate. When the time came to go on cook-outs and hikes, the Girl Scouts and their leaders included these three infants as their own special charges, and our migrant child-mother was able to participate again.

The frequency of visits to camps of the nurses depended somewhat on the size of the camp, varying from one or two families to larger camps with many families. The health problems involved also was a factor in determing the number of visits necessary to see all the families and counsel effectively with them.

In addition to making regularly scheduled camp visits, referrals for visits also came through the schools, the clinics, the project director, and the social worker as well as through other personnel working in the program. Some referrals even came from the migrants themselves.

On the whole, the better acquainted a nurse can become with the total family situation, the more effective she can be in offering nursing services and health education. Since so many mothers work in the fields, it is often necessary to try to see them on either a rainy day or in the evening. An evening visit also makes it possible to become well acquainted with the fathers who are truly the "head of the family" among the Mexican-Americans. It is also often easier to communicate with the fathers in the English language since they have usually had more contacts within the community and are more fluent in its use. The fathers really appreciate being consulted on matters pertaining to their children's health and often would take the initiative in regard to corrective matters.

Although a complete case by case report of the nursing visits to camps that have been made this summer will not be given here, some typical types of conditions found and services rendered will be briefly reviewed. For the numbers of visits by Purpose of Visit and by area, see the chart on the following page.

Age	Sex	Condition	Service Given	Outcome
33	F	Ruptured blood vessel in left leg	Had already seen private physician at time of first visit who advised bedrest. Bedside nursing given. Urged following doctor's orders carefully.	Improved May return to work soon
10	M	Snellen test at school 20/50 vision	Discussed with parent Obtained funds from local Lion's club for further evaluation	Obtained glasses Child very happy over improved vision
5	M	Post-polio Corrective surgery last December	Referred for physical therapy to Easter Seal Center	Taken to Center by Social Worker. Instructed regarding exercises to strengthen leg muscles
8	F	Impetigo	Advised medical care. Talked to M.D. regarding exclusion from school until improved. Discussed with parents & teacher.	Taken to M.D. Medication given Improved.
22	F	Prenatal-7 mo.	Reviewed prenatal care Urged seeing physician as soon as possible Gave "Mother & Baby" booklet.	Has been to doctor but plans to return to Texas before delivery.
47	F	Gallbladder trouble	Has been told she should have surgery but funds lacking. Discussed dietary restrictions and possible way of having surgery when she gets back to Texas	Says will try to follow proper diet more closely and avoid fried and high fat foods. May try to arrange for surgery on return to Texas
3	M	Upper respiratory infection.	Took temperature Referred to family health service clinic	Examined at clinic Medication prescribed.

HEALTH EDUCATION

In any discussion of health education, it must be kept in mind that all public health nursing visits to individuals include a great deal of health counseling. Each time a family is visited, small doses of health education is administered - i.e. diet, simple first-aid, cleanliness, proper food storage, preventive medicene, etc.

For discussion purposes however, we shall divide our attention between health education services provided at the school centers, and health education services in the camps.

SCHOOL CENTERS: Group

Group health education was provided in the migrant schools through talks, demonstrations, films, and film strips. Dental health was stressed through proper tooth brushing and demonstrations of proper technique given in all grades with a supplementary talk and question and answer period. A film strip "Good Dental Health" was shown to the intermediate and primary grades in three Centers.

Body cleanliness, including skin and hair, were emphasized and health kits containing soap, combs, wash cloths and towels, toothbrushes and toothpaste were given to each child. The children kept their toothbrushes and paste in school and time and supervision was given each day for their use.

Health Films shown included:

"Dress for Health"
Growing Up Day By Day
We Go to the Market
Five Senses
The Food Store
Mealtime, Manners, & Health
Why Eat Our Vegetables
Let's Be Safe at Home
Straight and Tall
Good Foods
Insect Pests
Bacteria: Good and Bad
I'll Choose the High Road (American Cancer Society)
(intermediate grades only)

Not all films were shown in all centers, but each center had access to a wide variety of health films through the local school districts. In each case a discussion period followed the showing of the films. The film having to do with the five senses was particularly effective in one of the schools since it happened to tie right in with some of the classroom teaching; also with the vision and hearing tests which were then being conducted in that center.

The American Cancer Society film I'll Choose the High Road was shown to the higher grades with supplementary literature given, including a cartoon booklet, "Where There's Smoke." One twelve year old boy who had just before the showing of the filmstrip been overheard bragging about how many times he'd smoked was overheard again saying, "I'm not going to smoke anymore!"

The teachers in the schools and the social worker were counselled on any health matters pertaining to students and many conferences were held with the nurses in regard to existing problems. All nurses spent a portion of each day at one of the centers where they were available to either faculty or students for counselling. They were always on-call to the centers for any type service that might be needed.

Because of the extensive dental work needed by most of the children, it was necessary to schedule a great deal of this during school hours and to transport children from the Center to the dental appointment and return. This was done to minimize the amount of time necessary away from the classroom. Much of this transporting was done by either a nurse or the social worker. Such times afforded an ideal time for individual health education and counseling. It also provided an opportunity for orientation of community professionals to the needs and problems of migrants. Crowded waiting rooms are a fine time for community education and development!

CAMPS: Group

In addition to group health education in the school centers, health films were also shown in the camps during evening by both the nurses and the sanitarian. (See Sanitarian's report) These were very well accepted by the migrants. The Spanish speaking films "A Healthier Place to Live", shown to approximately 50 persons and "Safe Foods" shown to about 150 persons seemed especially effective as evidenced by the attention given to them. Another film produced by the American Cancer Society, "Sense in the Sun" was shown to approximately 90 persons and it, too, seemed particularly appropriate since it has to do with protecting the skin against the sun which is especially necessary for agricultural workers, including our migrants.

In one area, the nurse and the sanitarian went to the camps as a team to do group counseling and it seemed to be the most satisfactory arrangement. This would need to be carefully scheduled in advance next year as only one sanitarian is available to the entire project. Some type of combination of effort would be necessary.

The greatest hinderance to a more complete showing of health films in the camp would be the extended services for evening family clinics and the tuberculosis control program that also involved evening work. Also the corporation is already carrying on a limited adult education program at a Central center and is planning to greatly expand these efforts. Perhaps a health educator at the adult education center will be the answer. Some work was done in this area this year by the availability of the social worker at evening adult education programs to counsel and make referrals when necessary.

Projected also into the future would be plans for a class on maternity care, infant and child care, and nutrition. One class was held this year in Mason City as a part of the adult education program. It was on food preparation of inexpensive meals and laid stress on ways to accurately judge measurements and the use of simple utensils in the preparations. Receipes were also provided. Attendance was excellent.

"Safe Foods" was shown as part of the program at the final open house for parents and thus was viewed by a number of migrants who were not reached through camp visitation.

PERSONAL PORTABLE HEALTH RECORD:

Personal health records were completed for all individuals involved regardless of clinic attendance, and considerable time was spent in attempting to explain their value. In total 501 personal health records given to migrants, or additions made to cards presented. Only 5 families had such records in their possessinn, although some did have school health records which were attached to report cards so that information could be obtained regarding previous immunizations.

Strong envelopes for storing the records were provided this year, having the name of our program and the family name on the outside. It was hoped this would not only keep the records legible but add prestige as well.

The nurses felt it was quite an advantage this year to have tangible results of the clinics to record on the records in stressing the advantages to the migrants in carrying information regarding their medical status as they travel from place to place.

However, it was also mentioned that we need to give more consideration to educating the physicians as to their value to the migrant. Few were hardly aware of such a record and it was necessary for the nurses to call their attention to the value and the need for making proper notations on the card when indicated.

One of the physicians indicated that he felt a record with more information would be of greater value and suggested one being used by the Texas State Department of Health that he had in his possession.

MANTOUX TB TESTING PROGRAM

An extensive Mantoux TB Testing Program was carried on with the cooperation of the various county TB Societies and the Iowa State Department of Health. For the most part, tests were administered in the camps by the nurses; although in one area the clinic physician preferred to give the tests. The program might be broken down as follows:

AREA A	
Tests Given	111
X-Rays by Mobile Unit	44

AREA B	
Tests Given	64
X-Rays by Mobile Unit (All negative)	12

AREA C	
Tests Given	41
All negative	
1 old history x-rayed - results negative	

In two cases, positive reactors were provided x-ray service before the arrival of the mobile unit because they were leaving the area and would not be available on the scheduled date. In one area two male reactors did not submit to X-rays.

One fringe benefit to the Mantoux program was that it reinforced the value of carrying the personal health record card. Although there was little opposition to the testing program from most of the migrants all would not agree to participate. One family, without records of having skin tests or x-rays previously, stated, "This is getting rather tiresome" and thereby refused to cooperate.

IOWA STATE DEPARTMENT OF HEALTH
IOWA TUBERCULOSIS AND HEALTH ASSOCIATION

Summary of Special X-ray Program
XXXXXXXXXXX 14x17 Films

Cerro Gordo, Franklin — County
Migrant Action Program — Type of Program

14x17
Mxxxxxxxx Film Program
began July 25, 26, 1966

Retakes --
Completed --

I. TUBERCULOSIS:

	Active	Probably Inactive	Healed	Activity Undetermined	
Minimal			1		1
Moderately Advanced					
Far Advanced					
Tuberculosis Suspect					
Primary Complex					
Extra Non-Pulm. Tbc.					
TOTAL FINDINGS					1

II. Number of Persons with one or more Non-TB Findings only 25
Persons with one or more Non-TB Findings in Section I 0

Non-Tuberculous Findings:

Thoracic Cage Anomaly		Incr. Bronchovascular Markings	2
Lung Anomaly		Bronchiectasis Suspect	
Bone Lesion		Coin Lesion	1
Pleural Abnormality		Pneumothorax	
Post-operative Chest		Atelectasis	
Abnormal Diaphragm		Emphysema	
Hilar Node Calcif.	21	Mediastinal Mass	
Calcif. Diffuse Granulomatous Lesions	2	Abnormal Aorta	1
Pneumonitis		Abnormal Heart Size or Contour	
Possible Neoplasm		Soft Tissue Abnormality	
Abscess		Film Uninterpretable	
Fibrosis		Susp. Histoplasmosis	

III. HEALTHY CHESTS 28

IV. Total Persons X-rayed - I - II - III 54

Number Miniatures . . . . --
Referred for Large X-rays --

Failed to Report --
(see other side)

CASE HISTORY

The D. family with which the Migrant Action Program worked during the summer of 1966 can well examplify some of the benefits received through the health grant to the project.

This family of nine consists of Juan, Sr., 40 years, who is a diabetic, his wife, Maria Del Luce, 36 years, five daughters, Guadalupe, 19, Rafila, 15, Gloria, 13, Carmen, 10, and Maria, 6, as well as two sons, Rudolfo, 7, and Juan, Jr., 3.

Carmen, Rudolfo, and Maria all attended the migrant school which was held for a seven week period in a nearby community. Since all of the older members of the family worked in the sugar beet fields, efforts were made to enroll 3 year old Juan in the Day Care Center. His parents, however, felt he was too immature to be away from home and Mr. D. preferred to keep him with them in the fields.

As the summer progressed, it was evident that this family presented many problems. One of the first of these was brought to the public health nurse's attention at the time of the preschool physical examination when 6 year old Maria was found to have a systolic heart murmur of which the family had never been previously aware. Subsequently a referral was obtained from the examining physician to take her to the Iowa State Crippled Children Services Cardiac Clinic for further examination.

Since Mrs. D. speaks and understands very little English, one of the English speaking women in the camp accompanied the mother, child, and nurse to this clinic and was of great help in interpreting the cardiologist's findings (diagnosed as a congenital heart condition which may require surgery when the child is older.) The mother was also advised regarding the importance of regular follow-up care, including annual x-rays and electrocardiograms. A report of the clinic findings has also been sent to the Texas State Department of Health. When Maria had dental care during the migrant school health program, the dentist was also instructed in regard to the proper prophylactic care as the result of the clinic findings.

Maria was found to need four fillings as well as treatment for an abscess, while Rudolfo needed 10 fillings and suffered from malocclusion. Sister Carmen passed her dental examination with flying colors and needed no work other than cleaning, which could not be provided. Both Maria and Rudolfo were able to complete their dental work befor leaving the area in August.

The migrant school health program included vision testing. Using the Snellen chart, ten year old Carmen was found by the nurse to have 20/50 vision. Since funds were not provided through the grant for further evaluation, a local service club agreed to pay for this as well as for the resulting glasses. So Carmen was quite a happy girl over her improved vision!

Through the early part of the summer the nurse and the teacher on her weekly camp visits observed that Juan, Jr. seemed to have a persistent chronic upper respiratory condition with cough, nasal discharge, and frequent sore throat.

Because the older members of the family worked in the field most of the time, it was difficult to get any cooperation in bringing him in to the clinic. However, the diabetic father who had had very little medical supervision for some time finally agreed to come to a family clinic and bring Juan with him in order that they might both have examinations.

Mr. D.'s condition was not found to be severe, however he did receive more instruction on how to check his urine daily, and on his dietary requirements. He was also given a prescription for an oral medication.

Little John, however, was found to have a very low hemoglobin, 7.5 which was no doubt a contributing factor toward his respiratory condition. Iron medicatinn was prescribed with instructions for a recheck in one week. At the end of this period, Juan's blood count had shown an encouraging increase to 8.5. Information regarding his condition was also sent on to the Texas Department of Health and the family was impressed with the need for taking the child for another blood analysis and continuing on with the iron medication until otherwise instructed by a physician.

In line with a new procedure this year that is being initiated by the Migrant Action Program, complete educational and health information was also sent to the Illinois Migrant Council concerning these 5 children. The family had given a Morris, Illinois address as being their next destination.

During the summer, it deweloped that Mr. and Mrs. D. were having marital difficulties due mainly to Mr. D.'s terrible temper and jealous disposition. It seemed that he felt Mrs. D. was attracting too much attention from other men in the field. As unfounded as these accusations appeared to be, Mr. D. became quite violent and attacked his wife with a knife. Mrs. D. fled to the security of a neighboring migrant's home, where she stayed for intermintent periods. Maria becamse so emotionally upset by these course of events that it becams necessary to take her to the hospital in the middle of the night. She was not admitted however but was sent back home with the family.

At this point, it became necessary to make a referral to the community priest who counselled with the family and eventually affected a reconcilliation.

Before the family left the area, the eldest daughter was married to the son of another migrant family in the camp, and some of the staff members were invited to the ceremony.

This, then, is the story of one migrant family's total involvement in the MIGRANT ACTION PROGRAM.

VOLUNTEER SERVICES AND AGENCIES

The very strength and foundation of the Migrant Action Program has not only been a very dedicated and hard working staff, but the tremendous interest and many hours of volunteer work of countless individuals and many agencies.

To begin to even estimate the number of volunteer hours given in support of this program would be an impossibility and would have to result in very inaccurate figures.

Every effort has been made to plan and implement a program that would begin to meet the basic needs of the migrant families who come into the area each spring and summer. We have tried to extend this program to also incorporate the families as much as possible into the existing life of the community.

To this end, many agencies have extended their services and made available to this program resources that otherwise could not have been utilized by the migrants for a variety of reasons; essentially this would have been lack of knowledge or lack of funds. More probably, it would have been lack of both.

On the other hand, the communities themselves often lack knowledge about the problems faced by the migrant families and the needs that are evidenced; and so fail to respond because of this ignorance. To this end, our educational effort has been two-fold; one with the migrants themselves, and one with the community. (program area)

Community development occurs throughout the year in a variety of ways. Growers, physicians, dentists, schoolboards, superintendents, church groups, service clubs, etc. are called on, the program explained and their cooperation solicited in a specific manner. Agencies and clubs are visited, speakers provided, and again a specific suggestion for service made. A colored slide set is developed and made available where requested. It is estimated that this slide set has been shown on the average of once weekly since last summer's project. [illegible] this activity represents an appeal that has definite dividends in opportunities for migrants.

For purposes of showing types and kinds of effort, we have attempted to chart volunteer services by group or agency; we have not made an attempt to count number of individuals.

A special mention must be made here of the fine cooperation of the news media of the area--newspapers, periodicals, television and radio. All have given us excellent coverage. Seven newspapers carried articles about the program, with one newspaper running a series of articles. The local television studio gave excellent coverage to the open houses on two occassions and also sent a photographer to shoot film of one program. The Director had a 15 minute interview on the Iowa State University television station; while the Director of the Iowa Office of Economic Opportunity was interviewed on the local television station and took the time to give excellent support to the Migrant Action Program. This type of consideration is greatly appreciated.

OTHER PERTINENT INFORMATION CONCERNING THE MIGRANT AND MAP

When we speak about community development and total involvement of the community as we plan projects designed to meet basic human needs, it is wise to remember exactly who is at the hub of the particular community to be involved. In the case of migrants, as with other groups, it has to be the migrants themselves.

Therefore, every effort is made to discover and develop potentials among the migrants to assume more responsibility and ability for meeting their own problems and needs, as well as to develop the understanding and cooperation of the residents in the area where the migrants reside.

Migrants, as with other groups of individuals, tend to have varied backgrounds, abilities, interests, etc. They also have deep physcological commitments to the growers to furnish a set number of workers that they feel they have contracted to provide. Therefore their involvement and ability to accept additional responsibility and opportunity for themselves and for their family members is dependent on many factors that are as complex as the life they lead.

Specifically some of the responsibilities assumed by the migrants this past summer would be:

Serving as members of the Board of Directors of MAP.
Explaining surplus commodies program and helping other families to fill out eligibility certificates.
Teacher aids in Day Care and Summer School.
Cooks aids, helping in food preparation.
Supervising on field trips.
Transporting themselves and others to clinics.
Carrying verbal messages to other camps.
Training in checking urine samples.
Acting as interpretors at clinics.
Helping in recruiting for adult education program.
Acting as an evaluator in contacting migrants in other camps to get reactions to the project.

Often potentials were discovered after employing a migrant as an aid in the Day Care Center. Some were able to assume additional responsibility and were extremely valuable as teacher-aids, actually doing some instructing in the Summer school, under close supervision of the teacher. Almost all lost their natural reserve and were able to develop more out-going personalities and an ease of manner and friendliness that made them a valuable public relations media themselves!

Some potentials were discovered in the adult education classes. One man in furniture-repairing became proficient enough that the Director employed him to recover the seats of two worn chairs in her living room. He was eventually pronounced as definitely employable by the class instructor and left owning the tools necessary to seek full-time employment in the field.

Several migrants were discovered to be enrolled in a number of adult basic education or vocational courses in Texas. Often they would produce their textbooks they had carried with them from Texas and display them with pride of achievement.

For one young family attempting to settle this year, several avenues of development are opening. Arrangements are being made for the wife to take the series of General Educational Development courses which, if successfully passed, will equip her with a high school equivalency certificate. The test is being provided through the area community college. Successful completion should lead to job opportunities or enrollment in job training courses through MDTA. The other possibility available is resettlement to a larger community where the Director has made arrangements for the man to participate and receive training under the On-the-Job training program. The alternatives are for the migrant family--the choice is finally theirs to make!

As another part of our adult program, a representative from Job Corps was invited to attend and present opportunities offered by this program. The result was that one young migrant woman was put in contact with a WIC's volunteer and cooperation between this individual, the project nurse, and the Director resulted in one additional enrollee for Job Corps who already is in training.

In the specific area of health responsibility, because the family health clinics sponsored by the project were not always available to the migrants when care was needed and because they were not always aware of what emergency care could provide, the families had to make their own decisions as to when to seek private medical care. Indeed, it is very difficult for the project itself and for the physicians to determine exactly how to define an emergency and what limits should be set.

Another evidence of the concern and responsible attitude evidenced would be, after seeing a clinic physician for a certain condition, and feeling the symtoms had not improved to their satisfaction, they sought attention elsewhere. For example, one Mother took her two children to a skin specialist when she found the medication given by the physician was not helping.

One of the young mothers employed as an aid at school was especially helpful as a volunteer aid to the nurse carrying messages, making referrals, and getting her husband to help in the transporting of children to the clinics. She was extremely conscientious, and eventually was able by herself to make the referral and arrange with the county department of social welfare for hospitalization and surgery for her Mother-in-law at the Iowa University Hospital.

The nurses felt the English speaking teenagers, as well as the Mothers in the camps were particularly helpful and often indespensible in helping to interpret the health teaching to other parents. They also helped the nurse to secure the proper information for family health records, physical examination histories, and personal health records and in interpreting these records to the non-English speaking parents.

The more aggressive migrants also aided in getting others to cooperate in the various health programs such as the TB Mantoux program; encouraging them to allow skin-testing and the reactors to be X-rayed. When the health films were shown in the camps, they were very helpful in organizing the group by providing chairs, getting the people to come watch the film, and often opened up their own living quarters for film showing and other social activities.

To be more effective, it's possible that some of the more capable people might be trained as health aids to do specific jobs.

Interestingly enough, while the migrant people themselves for the most part were extremely anxious and eager to avail themselves of the health services, the only individual especially obstructive to the project was a former migrant. Wanting very much to help "her people" she interferred quite often with the nurse's referral with medical advice of her own, which very often was followed! She told the nurse, "I want to be helpful, I know which doctors are good and which are bad. I send them to good doctor in ________. The nurse and the social worker established a working relationship with this individual and on occasion sought her advice and help with specific problems and tried to impress on her what good service was available to the families free-of-charge at the clinics.

As with any first-time effort, administrative problems were in abundance. These must be taken as guideposts as we plan ahead for the future. More adequate data collecting forms must be planned, more regular communication channels for staff developed, as well as taking a clear eye at the sites where family health clinics are to be established. Unfortunately it is not always possible administratively to place these clinics in ideal locations; either because there is no physician in the area, or the residing physician is unwilling to participate on a set clinic fee basis.

Of course, we must remember that migrants do move! We may very well unravel the administrative problems of this year only to find the migrants residing in different areas and in different numbers next summer, and so the clinic locations and the transportation problems are still with us.

The material presented in this report is the combined effort of the entire staff of the MAP corporation, who collectively and individually participated in oral and written evaluation reports. It has been compiled and edited by the Project Director. Especially valuable have been the daily time and effort records and the family health records kept by the nurses.

The strength of this program would have to be in the hard working staff and many volunteers, and the member of the Board of Directors who gave so unselfishly and generously of their time to helping the migrant families to help themselves.--In teaching them how to seek services, what avenues are available to them, and in helping them to develop the confidence to implement these avenues and enhance their own self-respect as individuals, and finally to give them some choices in their own destiny.

SANITATION SERVICES RELATED TO MIGRANT HOUSING

1. Staff

One full-time sanitarian was employed for eight (8) weeks, from June 13 to August 5. This coincided with the seven-week main program. No other part-time or volunteer workers were involved with sanitation in the program.

2. Location of camps within project area.
See attached map.

3. Laws, regulations, or other criteria for evaluating camps.
Definition: Camp: A camp is a dwelling or group of dwellings for migrants in one location owned or managed by one person.

The State of Iowa has no laws or regulations concerning migrant agricultural workers. There are no safe water supply regulations or housing standards or sewage disposal regulations for private dwellings.

The only camps covered by regulations are those within city limits which are then covered by city ordinances. These vary, but all have safe water (city water supply) and require satisfactory disposal of sewage. There are no enforced minimum housing codes in any of the towns involved in this program.

There were no criteria set up for evaluation camps as there is no minimum limit set by law. The recommended standards for housing set by the Iowa State Department of Health were used as a guide. These are not enforceable and are often not feasible (practically or economically) to be recommended to growers.

A report form was made and used in a survey of the camps. A copy of the form is attached. This showed which camps were adequate and which needed improvement. No set standards were developed, however, as circumstances varied too greatly to make them useful. The priority work lists were made by the sanitarian using his judgement as to what improvements should be made. The sanitarian felt this would result in more cooperation than if too high standards were set for the camps.

4. Number of camps in area by size and type of occupancy.

Camp No.	No. of Families	No. of Single Men	Total People
1	5	0	24
2	1	0	13
3	2	0	10
4	1	0	10
5	1	2	4
6	4	4	22
7	1	3(1 girl)	12
8	1	0	4
9	2	2	7
10	8	1	55

4. continued

Camp No.	No. of Families	No. of Single Men	Total People
11	3	0	20
12	1	0	9
13	1	1	3
14	1	0	9
15	2	0	12
16	1	0	11
17	1	0	7
18	2	0	19
19	2	0	19
20	1	0	9
21	1	0	9
22	2	3	14
23	3	2	13
24	1	0	12
25	12	1	56

These figures are from the sanitarian reports and may not be the exact or final count.

5. Sanitation Services related to camps.

Camp Visits

Inspections.	27
Follow up visits (Conferences, talks, etc.).	21
Health Education visits (health movies).	6
Other (social, public health, etc.).	19

Camps visited. 24

Camp Standards.

As we had no set standards, a number for camps which met standards or came up to standards cannot be given. Also, we have a short season here with most migrants and it is a very busy time of year for the farmer. For these reasons, most improvements are made during the off-season and not during the program.

Defects found by type and corrected.

Defect	No. found	No. corrected
Screens needing repair	4	2
Unsafe wells	4	1
Unsatisfactory garbage storage/disposal	6	1
Privys need work	6	2
Inadequate food storage space	3	0
More beds needed	2	0
More refrigerators needed	2	0
No shower facilities	2	0
Poor yard drainage	3	0

Method used in correction of defects

The chief method used in obtaining improvements was to make a priority work list for each camp. These were given to the growers and discussed. The priority work list listed improvements in order of priority and suggested ways the improvements might be achieved.

The reasons very few improvements were made during the program is that the priority work lists were given out the last two weeks of the program. This left little time to make improvements while the program was running. Also, the early part of the program coincided with the busiest time of year on area farms.

Comparative data from previous years.

There is little comparative data available from previous years as this is the first year 14 of the camps have been in the program. However, in the 9 camps included last year, some improvements were made. These are listed:

Improvement	No. of Camps
Screens added	2
Drains improved	2
Hot water installed	1
Roof repaired	2
Interior siding added	1
Painting done	4
New privy pits	3

6-8. Sanitation with migrants living outside of camps.

All migrants in the project area live in camps. None rent their own housing. So all sanitation services apply only to camps.

9. Field locations

Field locations visited.	8
Total field locations (estimate)	50

Field sanitation was not stressed in the program as there was not sufficient time for the sanitarian. The field visits made were concerned with talking to either farmers or migrants about camp sanitation and not involved with field sanitation directly.

10. Number of field locations by source of water supply.

Two water supplies used in field locations were tested and were found safe. Most of the time, migrants carry water from the camps to the fields with them.

A total of 15 private wells were tested at camps and field sites.

11. Number of field locations by method of waste disposal.

Only some of the fields in the program have privys for the workers. No attempt was made to survey these as there was not sufficient time during the program. In some fields with no privy, the camp is nearby and used; in other fields, no provision is made for waste disposal.

12. Laws used in evaluation field sanitation.

There are no laws or regulations in the State of Iowa requiring field sanitation.

13. Purposes and methods of educational effort.

Over 100 migrants were shown the PHS produced films, "A Healthier Place to Live" or "Safe Food" or both. (In Spanish.) This was an attempt to educate the adults on safe practices and show them the reasons for keeping clean and well. Also, a movie on skin cancer was shown to about 80 migrants.

Most of the work done with the growers was explaining the program and trying to win their acceptance of it. Them later, to recommend improvements in the camps and explain why sanitary practices should be followed.

14. Number of persons given individual counselling on specific problems by type of problem.

Much of the individual counselling was the result of questions asked by migrants or points that were noted as needing improvement and were explained. Therefore, the exact number is difficult to derive so the figures below are estimates.

Type of problem	No. of persons
Privy improvement	5
Keeping screens on	3
Using unsafe water	6 (families)
Safe food practices	2
Transmission of disease	8
Prevention of skin cancer	11
Importance of immunizations for children	6 (parents)

Counselling was also done on how to make privys rodent proof, how to operate a water heater, how to use fuses and other points that came up.

This list does not include growers to whom I explained sanitary practices connected with the camps. These points were listed on the priority work lists and discussed with them.

15. Group counselling done.

The only group counselling was done as a result of discussions after showing films. There were migrant families at 5 different locations who were shown films either one or two times. The number of persons involved was 110 (estimate), and the areas discussed were enviormental health in camps and safe food.

16. People with whom working relationships were established.

Nurses: The sanitarian and the nurses showed health films together at several camps in the evening. Also, referrals were made between the nurses and the sanitarian.

Teachers: The sanitarian was utilized on occasion to transport children to special events, and at such times as did not interfere with his regular duties. This gave him opportunity to become well acquainted with the children and also to give and receive referrals from the school staff. The teachers were making weekly visits to the camps and also made referrals to the sanitarian of things they noted and thought he might find of concern.

Growers: The sanitarian talked to the growers about several things during the program. He first explained the program to them and answered any questions they had. Then he discussed improvements which were needed and passed out the priority work lists. Follow-up meetings were held where necessary when a specific problem was found--such as a bad well.

Social Workers, Activity-Coordinator, Interpreter: These people were utilized to introduce the sanitarian to the migrants and to help him become well enough acquainted that they felt free to discuss their problems with him.

17. Provisions for training others to help with sanitation work.

The only work done in this area was some explanation of sanitary practices to teachers and other staff members who had questions in this area. No formal effort at group instruction was made.

18. Problems of growers concerning improvements and maintenance of facilities for migrants.

The main problem growers see in making improvements is housing costs per se. When most migrants are here only 1½ to 3 months, the growers can't see spending alot of money on housing. The sanitarian tried to point out ways to improve the property and facilities that were not always expensive. Another problem some growers have is vandalism on the unoccupied houses by local youth. So far, local authorities haven't controlled the destruction.

Growers note that many of the migrants make no attempt to keep up the housing after it has been improved. They made the suggestion of holding a deposit or making changes for damages and feel that this problem hinders them from making improvements and in maintaining facilities. On the other hand, some migrant families did a great deal to clean-up their own premises.

A major problem noted which prevents migrants from making proper use of facilities is in shared facilities. One family will misuse the facilities, thus making it hard for the other families to use them properly and also making the growers dissatisfied with all the families.

There were several problems involved with the job of sanitarian. They included finding busy growers at home, the large territory to be covered, and the lack of any previous work to use as a guide. These made the sanitarian less effective than he might have been under other conditions.

19. General appraisal of results of sanitation service.

Most of the migrants in the program accepted their responsibility for keeping up the condition of the camps. Some took the initiative to fix up the camp when they arrived. (The growers were most cooperative when this occurred.) On the other hand, there were some families who neglected their responsibilities. Their response was almost always, "We're just too tired to do anything but work in the fields."

Several families of migrants spent the first whole day or two cleaning up their camp and wouldn't start to work until it was satisfactory. In all cases, the farmers provided materials when the migrants asked for them. In two camps, the men dug new pits for the privys. Many families patched screens or put them on when they were off.

Some of the migrants who didn't take the responsibility of cleaning up, did so when it was suggested to them. One man cleaned up his yard and fixed screens, another borrowed tools from the farmer to fix the door. Still, there were some who would do nothing, even when asked. These probably never will do anything.

Most of the camp owners accepted the responsibility of providing adequate facilities fairly well. The ones with good housing usually attracted better migrants and kept up their camps. Most of those with poorer housing tried to do their best with the available housing, but felt they couldn't afford to spend a great deal to improve it. They all accepted the priority work lists and were willing to talk about improvements. Most will make improvements gradually as the labor demand increases. The program may accelerat e these improvements, but vast changes will probably not occur.

The community (total area) knows little about the sanitation program. When the program is explained to people, most favor the basic principles of it, especially the educational programs for children.

Grower-migrant relationships are generally quite good. One grower invites the migrants to their house to watch TV. The children generally play together if they are close enough. Most families try to stay the season, but this year was especially wet and cold and some of the families had to leave early. This was because of prior committments or, in the early vegetable work, because of lack of enough work.

Two families went back to Texas early, one so a girl could have her baby in Texas and one because a close relative died in Texas. More families were found to finish the work.

There was one case of bad grower-migrant relationship. According to the grower the migrant family was uncooperative and refused to work much of the time. The migrant felt the fields were very weedy and that the higher rate of pay should apply. The farmer finally told him either to work or to leave. The migrants left and tried to talk the other 4 families into leaving with them, but only one other family did leave.

The sanitarian found no conditions that, in his opinion, were directly attributable to poor housing or sanitation in the project, other than unsafe drinking water in some instances. However, there was some poison ivy in a field near one camp which several children got into and had to be treated by a doctor. One worker was diagnosed, while hospitalized, as a suspect TB and returned to Texas.

20. General appraisal of adequacy of services.

It was not possible to adequately serve all camps in the program. All camps, but one, were visited, but not enough time was available to serve them all adequately. The main reason was that they were spread over a wide area and much time was required to travel between them. It would help if the sanitarian could be available early in the spring.

The needs of health education were not adequately met in all areas. The main reason was time. The sanitarian had enough of a workload without the added responsibility of showing health films. The nurse cooperated in this area and also showed health films.

The growers were not involved as much in the program as might have been beneficial. They are mostly farmers and are not at home during the day. The evenings of the sanitarian, then, had to be divided between talking to migrants, talking to the farmers, and showing health movies. The sanitarian spent from 2 to 4 hours an average of four nights a week either showing health movies, talking to farmers, or making camp visits. This number does not include social calls which also help indirectly with sanitation. He also attended the adult education classes at times, which also gave him opportunity to counsel with migrants on an informal basis.

21. Specific suggestions.

1. A good form for the sanitarian to use in his inspections is an invaluable tool. It lends completeness and consistancy to his work. A copy of the form provided by the Migrant Action Program is included with this report.

2. The grower should always be kept informed of what is happening in the program and especially in his area. Conversely the farmer should take some responsibility to inform himself by cooperating with the program, attending public meetings, and availing himself of the services provided by the administration.

MIGRANT ACTION PROGRAM

SANITATION REPORT

Name of employer______________________________
(last name) (first name)

Date______________

Camp number and location______________________________

____

Number of families living on premises______________________________

Number of workers__________Male______Female______Non-workers__________

Number of workers under age 14 Male_____Female_____. Date Arrived In Camp__________

Number of years grower has employed migrants______________________________

Type of housing______________________________

____

Condition______________________________Adequacy______________________________

Do same families return each year?______________________________

Name of migrant families:	Route of Travel to Iowa:
1.________________	________________
2.________________	________________
3.________________	________________
4.________________	________________
5.________________	________________

Address of next stop:	Texas Address:
1.________________	2.________________
2.________________	2.________________
3.________________	3.________________
4.________________	4.________________
5.________________	5.________________

Travel pattern during winter months:______________________________

Ability to understand and speak English: Males____________Females______

If resident of Texas, what employment sought during winter____________

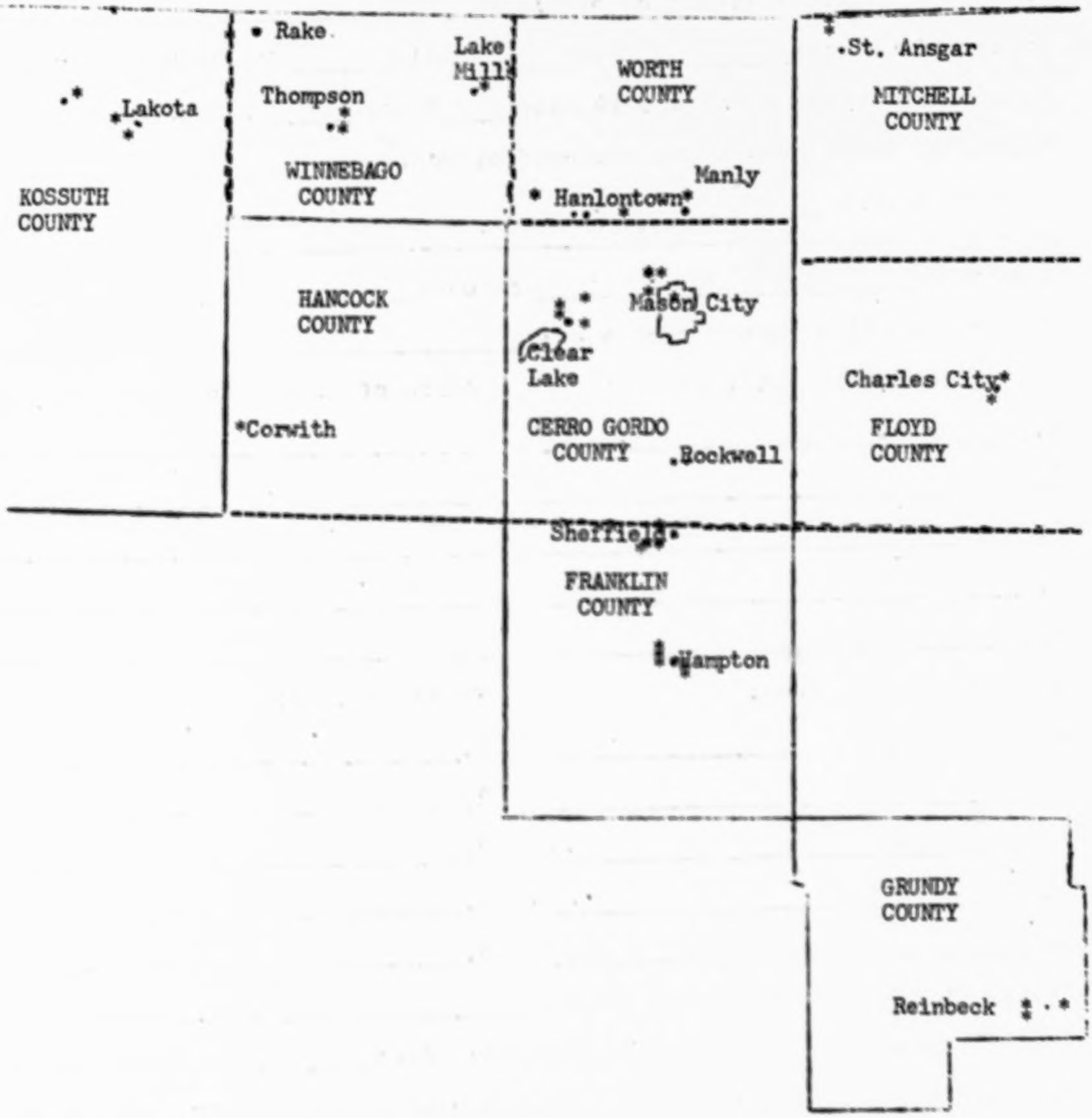
______________________________Comments______________________________

____

MIGRANT ACTION PROGRAM

AREA MAP

Camp Locations *


Rake
Lake Mills
WORTH COUNTY
St. Ansgar
Lakota
Thompson
MITCHELL COUNTY
WINNEBAGO COUNTY
Manly
KOSSUTH COUNTY
Hanlontown
HANCOCK COUNTY
Mason City
Clear Lake
Charles City
Corwith
CERRO GORDO COUNTY
Rockwell
FLOYD COUNTY
Sheffield
FRANKLIN COUNTY
Hampton
GRUNDY COUNTY
Reinbeck

MIGRANT ACTION PROGRAM

ENVIRONMENTAL SANITATION CONDITIONS

1. Water supply and plumbing:

a. source____________________ b. approved by health agency_______

c. analysis report__________ d. Date referred to grower_____________________

e. Running water in quarters______hot_____cold_____shower______

f. number families sharing common source______________________

g. note improvements made since last year______________________

-----------_______________________________________

2. Sewage:

a. Kind of facility__________ b. number of families sharing______

c. if common facilities, are toilets located in separate building or in one migrant home?________________________________

d. In case of privy, when was pit last treated__________________

e. Arrangement for toilet facilities at work site_______________
If so, what type_____________Number of field inspections______

f. Would facilities at camp pass as approved construction________

Recommendations for improvements needed:______________________

g. Condition of yard drainage________________________________

3. Refuse and Garbage:

a. Type of storage provided___________________________________

b. Responsibility for collection______________________________

c. Manner of disposal_________________How often_________________

D. Instruction given migrant in importance of proper disposal

___________________________________By whom_________________

4. Vector Control:

a. Screens provided______________Condition_____________________

b. Are screen doors self-closing?______________________________

c. No. of covered garbage cans______________Uncovered__________

Adequacy of number____

d. Sanitary condition of privy____________________________

C Ventilation________________Light__________Locks______

e. Are quarters and privy sprayed for insect control__________

By whom:____________________Frequency______________

f. Control of rodents__________Means_________By whom__________

g. Does migrant understand importance of maintenace of camp and sanitary conditions?__________Did migrant assume any responsibility for improvements of his own camp living quarters?__________Give examples____________________

____

____

Was the grower cooperative?______Explain__________________

____

5. Food Storage:

a. Amount of dust, insect, and rodent-proof cupboard__________

________Type of cupboard provided____________________

________________________Adequacy=____________________

b. Refrigeration provided__________Type__________________

C. No. per family__________Type of cooking stove__________

d. Electricity in quarters__________Type of heat__________

e. Amount of eating space provided____________________

f. Tables and chairs______________Number needed__________

6. Effective Shelter Rating:

a. Are outside doors provided__________locks______________

b. Sleeping space adequate__________No. of beds____________

c. No. persons per bed______________Cribs provided__________

d. Premises reasonably safe for children____________________

e. Provisions made for heat________What type________________

f. Wiring safe________________Wells covered________________

g. Facilities for washing clothes__________Type______________

If no provision made, what manner is used____________________

Total number of camp visits made, by purpose of visit________________

a.____

b.____

c.____

d.____

e.____

f.____

Number of consultations with migrants__________No. with grower______

Results____

____

____

Referral to Nurse:____________Purpose________________
Date

____

Referral to Project Director:____________Purpose________________
Date

____

Referral to Teacher or Social Worker:____________Purpose__________
(Check which) Date

____

Note improvements made since last year________________
by type

____

____

Improvements made during project by type________________
(by whom)

____

____

General attitude on part of grower:________________

Has priority work-list been worked out with the cooperation of grower?

________________________Time schedule________________

____

Approved by farmer____________________Date________________

List over-all recommendations on back of report. Show evidence of individual counseling given by type of problem, type of group, and number of sessions for each. Grower and migrant.

MIGRANT ACTION PROGRAM
Mason City, Iowa

PRIORITY WORK LIST

Purpose: The purpose of this report is to list items concerning enviromental health the Sanitarian felt should be corrected, improved, or added. The report also includes suggested solutions to specific problems found in your migrant worker's camp. The items are listen in approximate order of priority.

Camp:

Owner:

STUDENT #2

This little girl presented a real challenge when she entered our migrant school. She had poor hearing--no left ear, very poor vision in the left eye. She knew only the numbers one, two, three, and the colors read and blue. She was 11 years old!

She did not have any idea of school routine and was ragged and dirty. She could not write her first or last name. She knew nothing about modern bathrooms or plumbing--she stood on the toilet seat and did not know how to turn on a faucet.

Even though she was a big girl and eleven years old, we decided she needed to start with kindergarten and first grade work. She would be out-of-place in Day Care even though she loved to work and play there. She has missed those experiences.

At first she would not talk. She was frightened and withdrawn. When she began to trust us, became accustomed to school, and saw that it was fun, and discovered that she could do these things, she joined in. She now manuscripts her first and last name, knows most of her colors, learned a great many English words and meanings and chatters on the playground with the other children. I have heard her say, "I'm hungry" "When do we eat?" "Can I go baffroom?" "I like school" "You come to my house tonight?" "Hello, teacher" "I don't want to!"

Cathy picked up counting and numbers very quickly and was doing well in reading readiness. She is learning the letters of the alphabet. She is very pleased when she can do her work well.

She loves to sketch and does a good job on her drawings.

She needs love, encouragement, and attention from teachers and people who realize the enormous problems that confront this girl. She responds with hugs, just can't seem to get close enough and whispers endearing things to people she likes. She must be helped at her academic level. She has missed too much. She desperately needs to attend school. Her home environment will not provide the necessary background for healthy normal living.

MIGRANT ACTION PROGRAM

Box 717
Mason City, Iowa

REFERRAL SLIP

The following person was enrolled in a program of activities sponsored by the Migrant Action program, Mason City, Iowa.

There is indication that he next expects to enter the area of Job Development Form Sent to Illinois.

To aid you as you plan a program geared to the individual needs of this person, we are able to supply you with the below stated information.

Name of Migrant: [redacted] Parents [redacted]

10-13-54
Age 11 Center Where Enrolled Hanlontown, Iowa

Name of Instructor Mrs. Paul McDermott Address 207 North 7th St. Clear Lake, Iowa

Subjects Pursued Reading, numbers, language arts, spelling, writing, science health, social studies, music, art, physical education Grade Level 3

Texas Address [redacted], Texas

School Last Attended in Texas Sam Houston, Del Rio, Texas

Curriculum Used in This Program Mc-Graw Hill Programmed Reading, Bk. 6, Steck's Number Bk. 3, Ginn's Kit-a-Language, Outdoor Science, Preventive Health, Social Studies, Arts and Crafts, Music, Physical Education, citizenship, spelling.

Experiences: Filling station, small grocery store, supermarket, pet shop, community circus, zoo, library, lake activities, visit to authentic steam locomotive, post office, shopping center, Photo-finishing process plant, Drive-In Restaurant, parks, trailer factory, museum, telephone company, bakery, Performed for parents at Open House taking a lead part in dramatization of Three Billy Goats Gruff, group singing, rhythmic games, rhythm band, grew plants, drew mural of travels, finger-

Materials Used: finger paint, model clay, tempra, record player & records, film and projector, playdough, crayon & tempra, work experience charts, leaf and flower collections, play money, telephones, abacus, number counting sticks, flannel board and aids, educational games, toys, puzzles, alaphabet sound-symbol cards, etc.

Page Two - Referral

Teacher Comments: Nicolas is a very capable beginning third grader. He has' good work and study habits. He is very cooperative, extremely polite, and quite ambitions. His work is completed correctly, neatly, and is in on time.

Nicolas understands and speaks good English. He is a beautiful child who responds to love and attention. I'm sure he misses his mother, who is ill in Texas, very much. He tried to keep himself neat and clean, but housing and a house full of children to be cared for by the oldest sister makes this difficult. The housing provided this family is very poor. I'm sure he is often hungry.

Nicolas is a very sensitive child. He sings beautifully and had a solo part in our open house program for the parents. This program was held in the late morning for room visitation, followed by hot lunch and an afternoon formal program. Certificates of Award were presented by the Project Director to all the students. Parents left their field work to attend the program and every home was represented.

Nick watches over and protects his younger brothers and sisters. He is very disturbed when they find it difficult to learn.

This child deserves a chance to have a good education.. I feel he will make something of himself, if there arn't too many obstacles in his way. He has the ability and the personality necessary.

Date of Last Physical Examination 6/30/66

Problems Noted, If any: none

Immunization Record: Oral polio 1,2,3 1963

Measles 7-28-66

DPT, Nov., 1965

Mantoux 6/30/66 Negative

Booster Shots: Polio, 6/30/66

Dental Work Noted: No fillings needed

1 extraction needed

Dental Work Completed: Extraction of lower left 1st molar

Referral Slip:

Dental Work Cont.

Attention Yet Needed: none, work completed 7/21/66

Snellen Eye Test Results: 20/20

Glasses Provided: Follow-up Requested

Care Yet Needed: Audiometer Results OK

X-Rays Given: Purpose

Referrals to Other Clinics: none

Hospitalization Required: none

Accidents: none reported

Recommendations: none

If you are able to locate this person in your program area, we would appreciate receiving confirmation and some comments pertaining activities pursued while a part of your program; together with the length of stay in your area.

Mrs Richard Sandage

Mrs. Richard Sandage, Director

PUBLIC HEALTH SERVICE EXPENDITURES

to 9/26/66

Personnel	Public Health Nurse	$ 1125.25	
	Sanitarian	1084.00	
	Secretary	692.75	
	Interpreter	185.00	
	Fringe Benefits	134.80	$ 3221.80
Supplies	Prescription Drugs	244.24	
	Clinic Supplies	5.00	
	Nursing Supplies	20.70	
	Health Ed Supplies	44.96	
	Office Supplies and postage	51.78	
	Photographic Supplies	32.37	399.05
Travel	Staff	869.32	869.32
Equipment	Office Equipment and Nursing Equipment	115.14	115.14
Other	Telephone	114.37	
	Transportation of patients	148.19	
	Printing	57.57	
	Family Health Clinics	700.00	
	Dental Services	802.00	
	Emergency Care	222.10	
	Lab tests for domestic water	36.00	2089.56
	Total		$ 6694.87

UNMET NEEDS OR INCOMPLETELY MET NEEDS

BY PRIORITY

1. Hospital Care

Determining the amount of the need for hospitalization service for migrant families is a problem both complex and complicated. It has been a need that is almost totally unmet by this project. Without the appropriation from Congress necessary to adequately provide this service, we have tried to combat and conquer the problem by appealing to the existing agencies. In most cases, we have been able to meet the immediate emergency if the situation were extremely serious in nature. However, to say that we even began to scratch the surface in providing adequate hospitalization would be a gross over-statement. Following are some examples when hospitalization was indicated, not in all cases was it provided:

Male. 3 years old. Taken to hospital with convulsions caused by high temperature. Admitted with upper respiratory infection. Released after overnight stay. Cost of $23.50 paid by Department of Social Selfare.

Adult male. Hospitalized. Finally diagnosed as TB. Released and returned to Texas when Welfare could no longer assume financial cost. $172.30

Maternity. Four this year. $240.00

Hysterectomy - Welfare - Approx. $500.00
One adult female with bladder and partial hysterectomy surgery.

Chest pains - heart condition - not hospitalized as no one could assume responsibility.

Child taken to University of Iowa Hospital in the middle of the night with pneumonia. Cost unknown.

Ruptured appendix. Emergency Surgery. Doctor and hospital fees still not paid.

Adult female. Blood clots in legs. Not hospitalized as no one could assume responsibility. Required two weeks of care in camp. Estimated 2 week stay in hospital - $300.

This project has sought to actively intervene when necessary to see that migrants get the health services they need and require. We have aggressively sought cooperation from a variety of agencies, and have attempted to lend strength and support to the families themselves as they struggle to cope with the problem. Hospitalization is our number one unmet need !

2. Infants and Young Children

Because we have not been able to care for children under the age of two years at one of our Day Care Centers, there is a tremendous lack of proper health supervision for this entire group. Hardly any of the children in this age group receive any medical supervision, except for illness, from birth until they reach school-age when most of them receive immunizations through the school systems in Texas. Consequently they are unprotected until that time. Perhaps because these migrant parents have not been educated to the idea of well-child supervision, not enough time nor attention was given to this age level. An attempt was made to get the children into the family health clinic, but unless there was a specific reason many families did not take advantage of this opportunity.

Care of the young children at the camp sites was very poor. Generally speaking this fell to an older sibling, who very often had more than one infant under her day-long supervision. At other times, the younger children were taken into the fields.

To plan for more appropriate service for the Under Two Child, we have been in contact with the Iowa Department of Health and the Iowa State Department of Social Welfare and made specific suggestions for the care of children under the age of two years in a group situation. An interest in such an arrangement has been indicated by these two departments and some decision promised before next year's project.

We are including a copy of this proposal with this report.

3. Adult Eye Care

While provision for proper eye care was not included in our project proposal, we were able to adequately meet the need of the school-age children through existing local service clubs. However we were able to make no provision for such service for the adult migrant although need for such was indicated.

4. More comprehensive health education is needed for families.

Because of the enlarged territory serviced, it may well be that this could be incorporated into our regular adult education classes and a regular classroom instruction be offered. This would need to be geared to the Mothers in particular and so would not eliminate the need for health education in the camps or in the schools. Such an arrangement would, however provide a readily accessible and suitable place to bring their problems which did not require the services of a clinic doctor. This could also serve as a referral center.

5. Clinics

On the whole clinic service was very good for a first year effort. The greatest problem would be the availability of clinic service. Even though great effort was made to place them at central locations from the camps, some of those who might have made use of them thought the distance to drive was prohibitive and so consulted private physicians nearby. For this reason, if some medical care could be provided on an individual pre-established fee basis in the areas with a limited number of migrants, better use might be made of the funds available for medical care. For the most part, families were encouraged to transport themselves to these clinics whenever possible to prevent "crippling" their own ability to do for themselves. The availability of "emergency care" funds is essential, particularly for the school children, and would represent one of the areas where the combined Public Health Service project and the Office of Economic Opportunity Project re-enforced one another. For example, a 10 year old girl with a high fever and sore throat came to school one morning and by staying in school and waiting for her family to take her to the doctor, she might not only have jeopardized the health of her school-mates but her condition might have become much worse had she not had early treatment.

6. Data Collecting

Standardized forms to be used by staff personnel during the season for uniform reporting of necessary information need to be developed. It would facilitate matters greatly if the age levels and divisions for reporting purposes could be standardized between the United States Public Health Service and the various states. The Iowa State Department of Health uses divisions as follows: Under 1 year; 1-4 yrs, 5-9 yrs, 20-44 yrs, 45-64 yrs, 65 yrs.

7. Orientation

Combined oritentation for staff members serving the school and health programs was a good arrangement. There is a need however to develop separate workshops more fully and include pre-season orientation of project staff to State Health Department policies and procedures. Special attention should be given to available services applicable to project needs and ways to obtain them, record them, and obtain and make proper referral.

8. Inter-State Coordination

The project this year developed a combined school-health referral form that was prepared in triplicate for each child who attended one of our Centers. These were sent to the nearest funded project in the area next to be entered by the migrant family and also to the Texas Education Agency for distribution to the proper school system. Type of health information included was not of a confidential nature, but served to give information on what type of service had been given. Also included was information relevant to work needed but not completed. The form seemed to be well-received, but not enough time has elapsed to allow for responses. (See sample copy - end of report.)

JOINT IOWA - MINNESOTA PROJECT

In seeking to give maximum service to migrant families with the greatest potential for alleviating and attacking the root of the problem, the Migrant Action Program has attempted a many faceted project with well-established procedures and resources to achieve its stated objectives.

One fact is becoming more apparent. Communication and working coordination between the individual and separate programs must give focus to the fact that migrants do "move". Therefore we must continue to take the broad look and attempt to service people where they are, without limiting ourselves by State lines that do not exist with like meaning for the migrants.

In line with this thinking, we have sought to study and identify services and activities that might to advantage be carried on in cooperation with the Minnesota Migrant Health Project and the OEO Project in Minnesota under the sponsorship of Migrants, Inc. The area under consideration is located in South Central Minnesota and North Central Iowa and would include an area approximately 20x40 miles.

Services that might be offered in cooperation would be:

- Day Care
- Summer School
- Adult Education and Services
- Clinic Services
- Health Education
- Cross referral by physicians and nurses
- Case-finding programs
- Immunization and TB programs

In essence this project would be a new and creative solution that would provide a double attack, each lending support and encouragement to the other. Consultation will be sought from county and state public assistance or health departments and from other such agencies that are to be found in the area. The State Departments of Public Instruction will need to lend their support, as the advisibility of a common School and Day Care Center is being studied.

By establishing a broad program in this area where individually the families are sparsely settled, greater numbers of migrants may receive better service. The group itself will have an opportunity to involve itself in seeking solutions to their own problems. The project will also provide a mechanism through which they may transmit problems that require additional help and consultation. The social action and adult programs will seek ways to bring forward the leadership that exists within the migrant community and to develope the potentials by effective adult programs.

Conversely, the overall needs of the families will be interpreted to the communities and focus given to the numbers and kinds of problems that exist and the need to deal constructively with them.

It is anticipated that approximately 250 to 300 migrants would benefit by this project.